

Name in Full

Certificate of Death

Stephen Bailey

Town

County

MARYLAND

Died at

Hanton

Baltimore

Date 189

1903

Month

Day

11

5

Age

Y.

M.

D.

65

Native of

Ind

Occupation

Laborer

Male

~~White~~

Married

Widow

Divorced

Female

Colored

~~Single~~

Widower

Number of children living

Husband

of

Wife

Father's

Name

Mother's

Name

91

Cause of

Primary

Bronchitis

How long sick

10 weeks

Death

Immediate

Exhaustion

Accident, Suicide, Homicide

Reported by

J. L. Barnes

Address

1120 Highland Ave

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65965

Alexander, Hensley,

Laburny @ennx

Name in Full		Marie Barnickel				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND		Died at <i>Leanton</i> Town		<i>Baltimore</i> County		MARYLAND		
		Date of death 1903	Month <i>Nov.</i>	Day <i>29<sup>th</sup></i>	Age 2	Years	Months <i>6</i>	Days
		Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Balto Co Md.</i>		
		Married, Single or Widowed <i>single</i>		Occupation <i>None</i>				
		Name of Wife or Husband <i>[Redacted]</i>						
PHYSICIAN OR CORONER		Father's Name <i>John Barnickel</i>			Father's Birthplace <i>Germany</i>			
		Mother's Maiden Name <i>Justina Heinzel</i>			Mother's Birthplace <i>Germany</i>			
		Name of person giving information <i>John Barnickel</i>			How related to deceased <i>Father</i>			
		CAUSES OF DEATH						
PHYSICIAN OR CORONER		Primary <i>Broncho Pneumonia</i>			How long <i>7 days</i>			
		Immediate <i>Coronary</i>			How long			
		Are the name, age, sex, color, date and place correctly given above?			Signature of Physician <i>Chas. H. Hiley</i>			
					Address <i>2. Harrison St E</i>			
		Accident or Suicide?						

Sacred Heart - Cemetery

Dec. 1<sup>st</sup> 1903

Germanus France

Undertaker

Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

*Jacob Bamblitz*  
 Died at *near Bwynnbrook* Town *Baltimore* County

MARYLAND

Date of death *1903* Month *Mar* Day *11* Age *63* Years Months *6* Days *1*

Sex *Male* Color or Race *White* Birth-place *Ind.*

Occupation *Farmer* Where Residing if not at place of death *—*

Married, ~~Single~~ *—* Name of Wife or Husband *Sarah Bamblitz*

Father's Name *Jacob Bamblitz* Father's Birthplace *Ind.*

Mother's Maiden Name *Harris* Mother's Birthplace *Ind.*

Name of person giving information *Charles Bamblitz* How related to deceased *Son*

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary *Appendicitis & Gastritis* How long *4 weeks*

Immediate *Bariumium* How long *"*

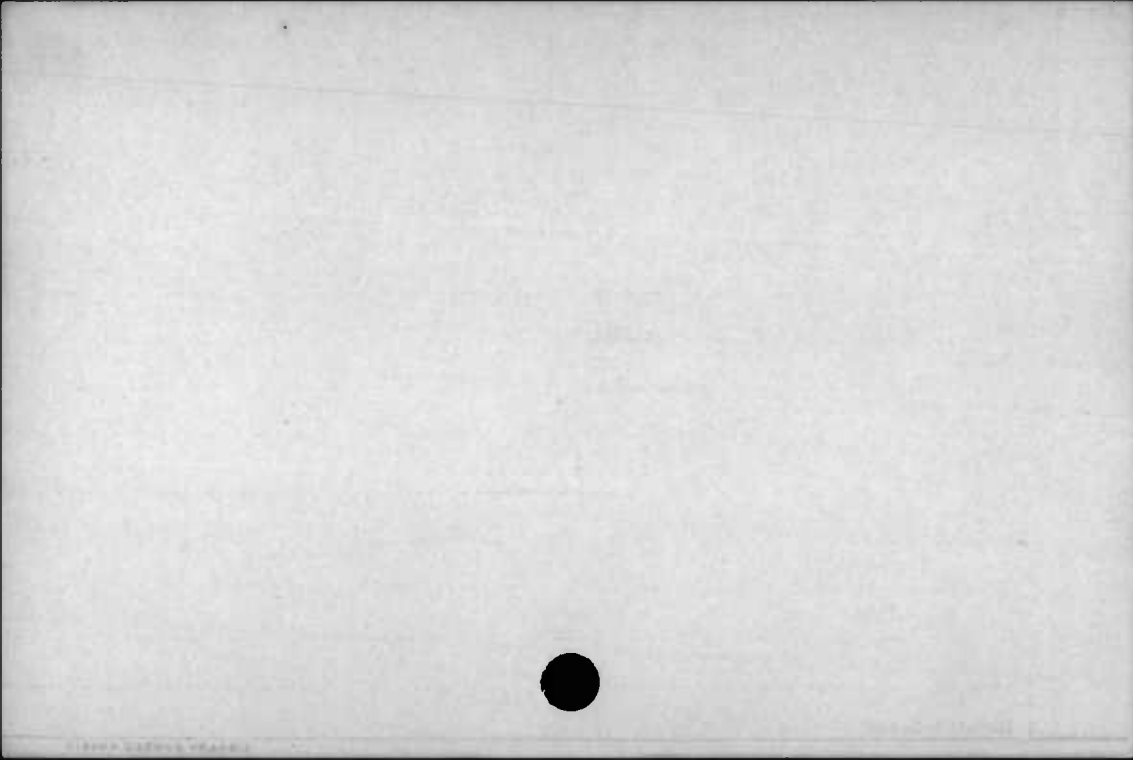
Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician

Address

Accident or Suicide?

*Thurman*



Name  
in  
Full

Mamie Bealefeld

## CERTIFICATE OF DEATH

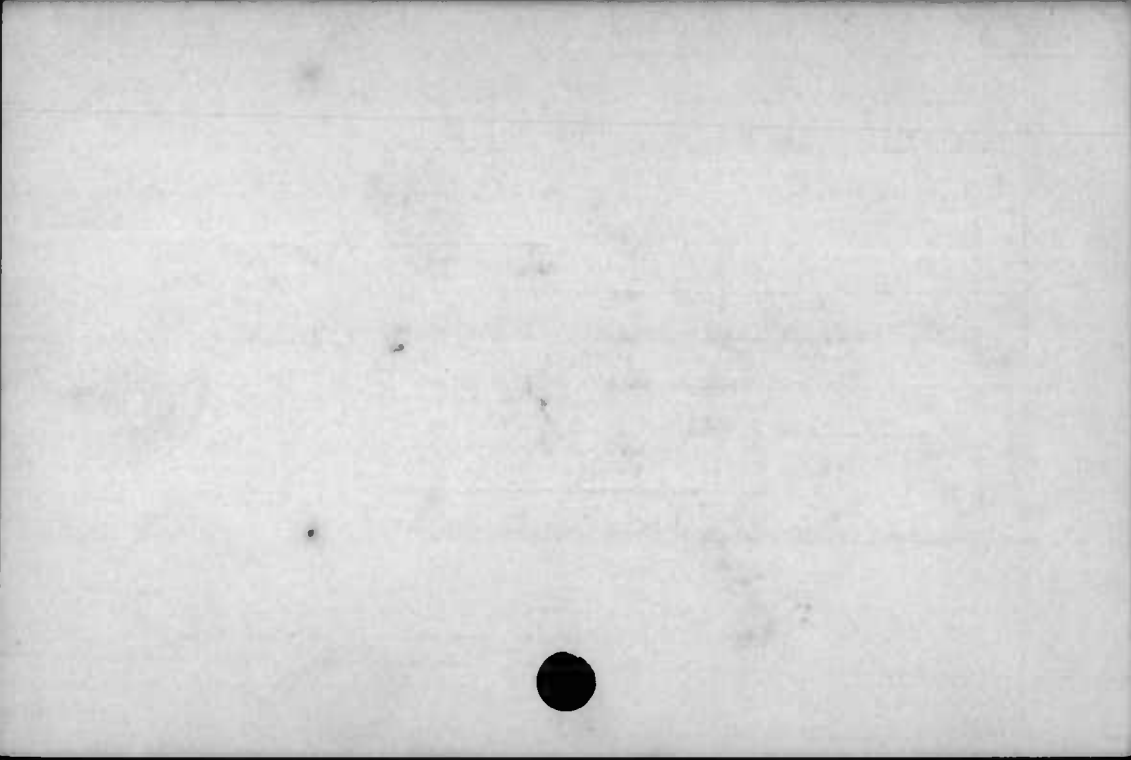
TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Years	Months	Days	
1903		Nov	23	23	7	4	
Sex	Color or Race		Birth-place				
Female	white		Belt Co md				
Occupation	Where Residing if not at place of death						
House wife	Washington Road						
Married, Single or Widowed	Name of Wife or Husband						
Married	John C. Bealefeld						
Father's Name	Father's Birthplace						
William Foerster	Germany						
Mother's Maiden Name	Mother's Birthplace						
Augusta Dietzman	Germany						
Name of person giving information	How related to deceased						
Jacob Foerster	Brother						

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Purpural Septicemia	How long	17 days
Immediate	Exhaustion	How long	
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	J. C. Lunkin
		Address	653 Columbia Ave Baltimore, Md.
Accident or Suicide?			



Name  
in  
Full

Patrick Behr

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Canton</u> Town		<u>Baltimore</u> County		MARYLAND	
Date of death 1903	Month <u>Nov.</u>	Day <u>9</u>	Age <u>—</u> Years	Months <u>—</u>	Days <u>10 hours</u>
Sex <u>Male</u>	Color or Race <u>white</u>	Birth-place <u>Balto. Co Md</u>			
Married, Single or Widowed <u>single</u>	Occupation <u>None</u>				
Name of Wife or Husband <u>—</u>					
Father's Name <u>John Behr</u>			Father's Birthplace <u>Md</u>		
Mother's Maiden Name <u>Kmigungda Lindenberger</u>			Mother's Birthplace <u>Germany</u>		
Name of person giving information <u>John Behr</u>			How related to deceased <u>Father</u>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<u>Spina Bifida</u>	How long	
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?	<u>Yes</u>	Signature of Physician	<u>E. J. [Signature]</u>
		Address	<u>1114 [Address]</u>
Accident or Suicide?			

Sacred Heart Cem.

Nov. 10 <sup>th</sup> 1903

Germanus Firance  
Undertaker

Name  
in  
Full

Louisa Biancaniello.

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town Highlandtown -		County Baltimore		MARYLAND	
Date of death 190	3	Month 11	Day 24	Age 1 -	Years	Months 2	Days —
Sex	Female		Color or Race	white.		Birth- place	Highlandtown
Married, Single or Widowed	Single -		Occupation	negative -			
Name of Wife or Husband	105						
Father's Name	Antonio Biancaniello					Father's Birthplace	Italy -
Mother's Maiden Name	Michelinea Bullo -					Mother's Birthplace	Italy -
Name of person giving In formation	John Herwig.					How related to deceased	None

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Gastro enteric infection	How long	2 weeks pr.
Immediate	Convulsions	How long	24 hours.
Are the name, age, sex, color, date and place correctly given above?	yes.	Signature of Physician	S. Demarco M.D.
		Address	501 Hanover St.
Accident or Suicide?			

J. Herning & Son  
2008 Orleans St.

St. Vincent Cemetery

Name In Full

Certificate of Death

Mollie Bloom

Died at <sup>Town</sup> Catonsville<sup>County</sup> Balto.

MARYLAND

Date 1903 Nov 30

Age 33

Y. M. D.

Native of Ind.

Occupation

Housewife

~~Male~~

White

Married

~~Widow~~~~Divorced~~

Female

~~Colored~~~~Single~~~~Widower~~

Number of children living

2

Husband of

Lewis J. Bloom

Wife

Father's

Name

Mother's

Name

Cause of

Primary

Pulmonary Consumption

How long sick

4 mo

Death

Immediate

Asthma

Accident, Suicide, Homicide

Reported by

D. M. Stutty M.D.

Address

Catonsville Ind.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898



Name in Full

Certificate of Death

Selma Borsch

Died at <sup>Town</sup> Dundalk <sup>County</sup> Balto. Co.

MARYLAND

Date 1893 <sup>Month</sup> Nov. <sup>Day</sup> 12<sup>th</sup> <sup>Y.</sup> 42 <sup>M.</sup> 5 <sup>D.</sup> <sup>Native of</sup> Germany <sup>Occupation</sup> Housewife~~Male~~

White

Married

~~Widow~~~~Divorced~~

Female

~~Colored~~

Single

~~Widower~~

Number of children living

8

~~Husband~~ of Max Borsch

Wife's Name Carl Hartzel

Mother's Name Johanna Hartzel

Cause of { Primary Typhoid Fever

How long sick

5 weeks

Death { Immediate Exhaustion

Accident, Suicide, Homicide

Reported by H. C. McCormick M.D.

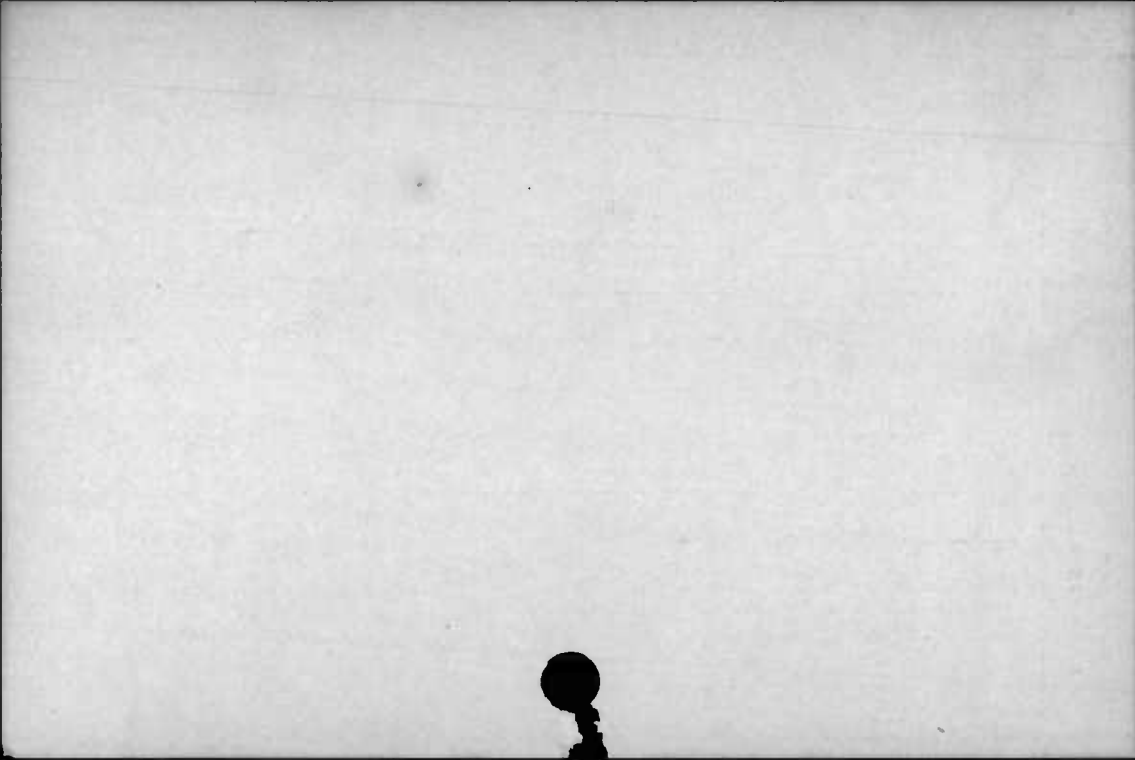
Address Sparrows Point Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79706



Name in Full		CERTIFICATE OF DEATH												
TO BE ANSWERED BY NEAREST FRIEND		S Chive Bosley				County								
		Died at Manor		Balto.		MAYLAND								
		Date of death	1903	Month	11	Day	16	Age	Years	48	Months		Days	
		Sex	Female	Color or Race	White	Birth-place	Balto Es.							
		Occupation	House wife		Where Residing if not at place of birth									
		Married, Single or Widowed	Single		Name of Wife or Husband	J. M. T. Bosley								
		Father's Name	Mathew Sparkes				Father's Birthplace	Balto Es						
		Mother's Maiden Name	Mary Spence				Mother's Birthplace	Balto Es						
		Name of person giving information	J. M. T. Bosley				How related to deceased	Husband						
CAUSES OF DEATH														
PHYSICIAN OR CORONER		Primary	Tuberculosis						How long	3 months				
		Immediate	Suffocation						How long	One hour				
		Are the name, age, sex, color, date and place correctly given above?		yes		Signature of Physician		T. R. Payne M.D.						
						Address		Baltimore Md.						
		Accident or Suicide?												



Name  
in  
Full

Unmarried Infant Brown

## CERTIFICATE OF DEATH

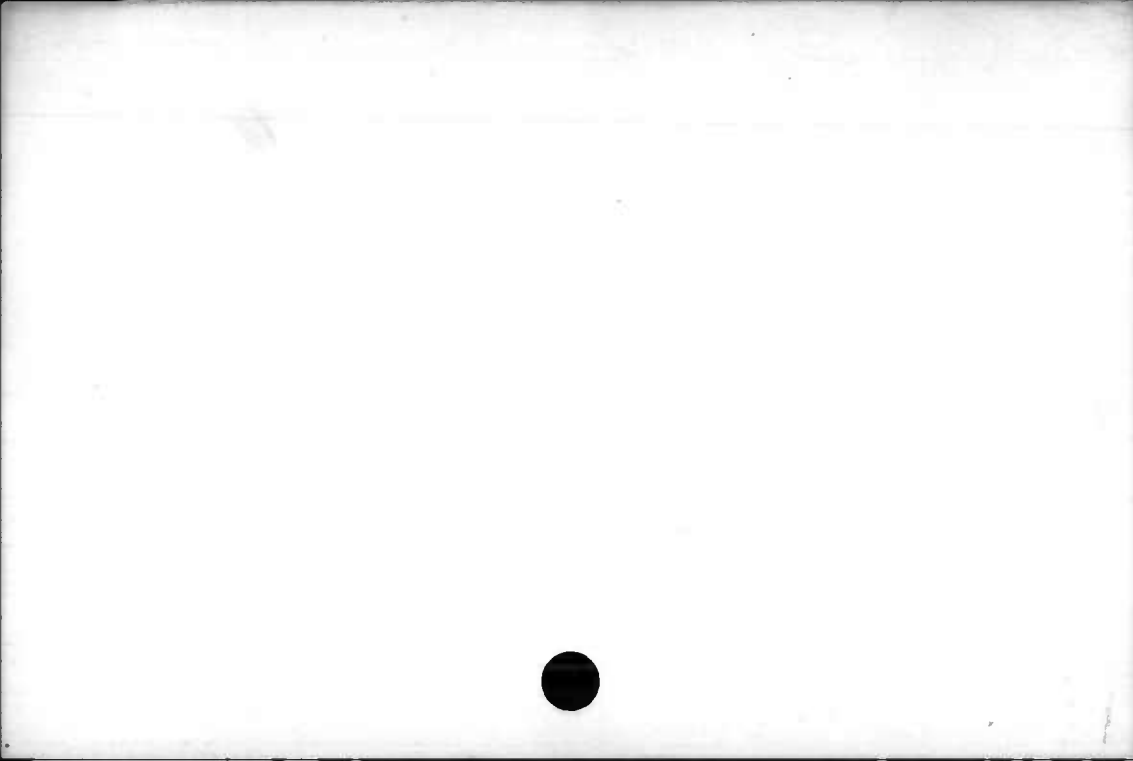
TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death 1903		Month	Day	Age	Years	Months	Days
Sex		Color or Race		Birth-place			
Married, Single or Widowed				Occupation			
Name of Wife or Husband							
Father's Name				Father's Birthplace			
Mother's Maiden Name				Mother's Birthplace			
Name of person giving information				How related to deceased			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	How long
Immediate	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician
	Address
Accident or Suicide?	



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIENDName *Gas. Brown*Died at *Sparrows Point* Town*Balt.* County

MARYLAND

Date *11-15*  
of death 190*3*Month  
*11*Day  
*15*Age *50* Years

Months

Days

Sex *male*Color or  
Race*white*Birth-  
placeMarried, Single  
or Widowed*Widower*

Occupation

*Laborer*Name of Wife or  
HusbandFather's  
NameFather's  
BirthplaceMother's  
Maiden NameMother's  
BirthplaceName of person giving  
In formationHow related  
to deceased

## CAUSES OF DEATH

Primary

How long

Immediate *Accidental drowning*

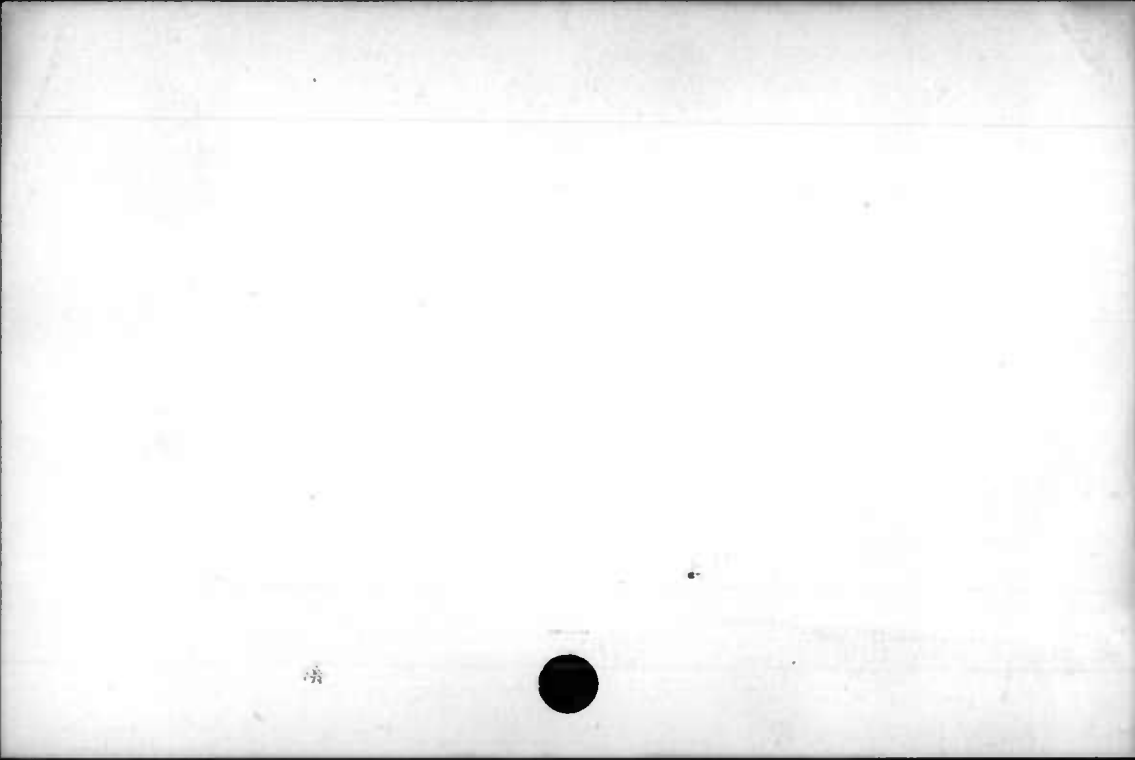
How long

Are the name, age, sex, color, date  
and place correctly given above?Signature of  
Physician

Address

Accident or Suicide

PHYSICIAN  
OR CORONER*Jos Blair J. P.*  
*Sparrows Point*  
*md*



Name  
in  
Full

James Brutscher

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Centon</u> <sup>Town</sup>		<u>Balto</u> <sup>County</sup>		MARYLAND	
Date of death 190 <u>3</u>	<u>Nov</u> <sup>Month</sup>	<u>16</u> <sup>Day</sup>	Age <u>3 weeks</u>	<u>      </u> <sup>Months</sup>	<u>      </u> <sup>Days</sup>
Sex <u>Male</u>		Color or Race <u>white</u>		Birth-place <u>Centon</u>	
Married, Single or Widowed <u>Single</u>			Occupation <u>Child</u>		
Name of Wife or Husband					
Father's Name <u>John L. Brutscher</u>			Father's Birthplace		
Mother's Maiden Name <u>Francois</u>			Mother's Birthplace <u>92</u>		
Name of person giving information <u>J.S. Brutscher</u>			How related to deceased <u>Brother</u>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <u>Pneumonia</u>	How long
Immediate <u>Convulsion</u>	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <u>Chas. H. Hiley</u>
	Address <u>2000 1st St N</u>
Accident or Suicide?	

Sacred Heart Cemetery

Nov. 18<sup>th</sup> 1903

Germanus Plance

Undertaker

Name  
in  
Full

Clara L. E. Burk

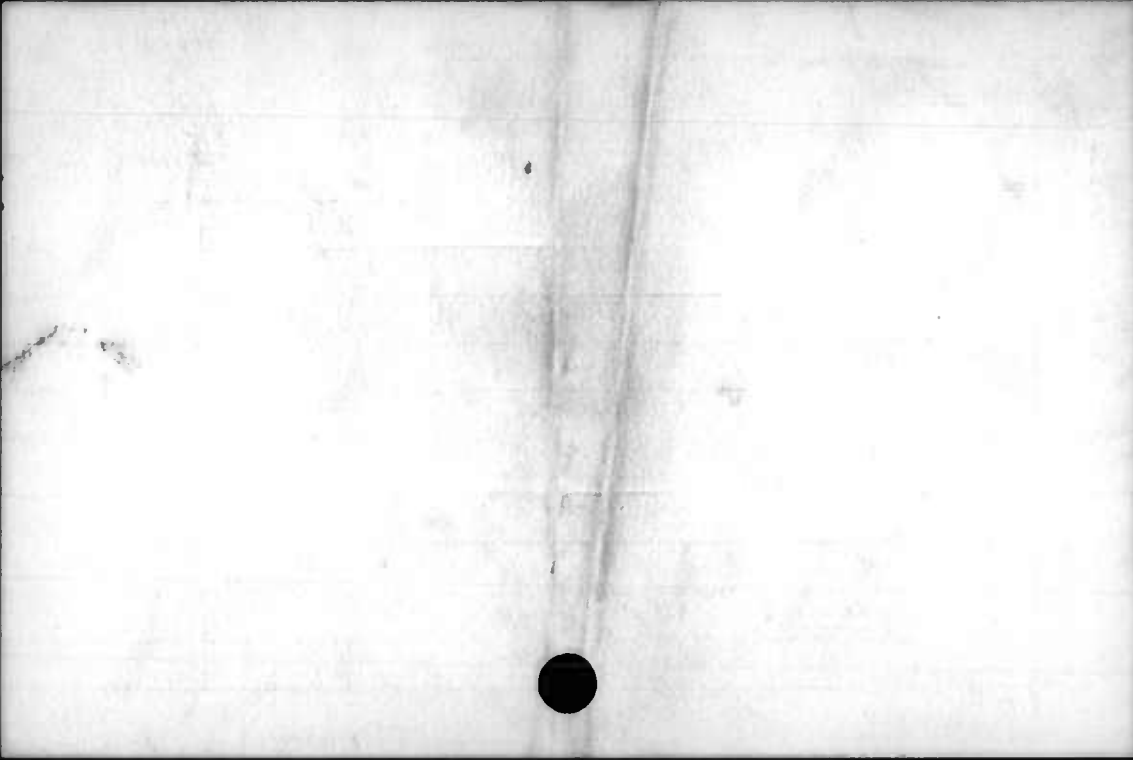
74  
CERTIFICATE OF DEATHTO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Dulaney's Valley</i> Town		<i>Baltimore</i> County		MARYLAND	
Date of death <i>1903</i>	Month <i>Nov.</i>	Day <i>21</i>	Age <i>—</i> Years	Months' <i>13</i>	Days <i>—</i>
Sex <i>Female</i>	Color or Race <i>Colored</i>	Birth-place <i>Dulaney's Valley, Balto. Co. Md.</i>			
Occupation <i>—</i>			Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed <i>—</i>		Name of Wife or Husband <i>—</i>			
Father's Name <i>Edward Burk</i>			Father's Birthplace <i>Balto. Co. Md.</i>		
Mother's Maiden Name <i>Grace Ayres</i>			Mother's Birthplace <i>" " "</i>		
Name of person giving Information <i>Edward Burk</i>			How related to deceased <i>Father</i>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Peritonitis</i>	How long <i>3 days</i>
Immediate <i>" "</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Mr. S. Green</i>
<i>Mr. S. Green</i>	Address <i>Sittings, Md.</i>
Accident or Suicide <i>—</i>	



Name  
in  
Full

Sarah Amanda Butler

## CERTIFICATE OF DEATH

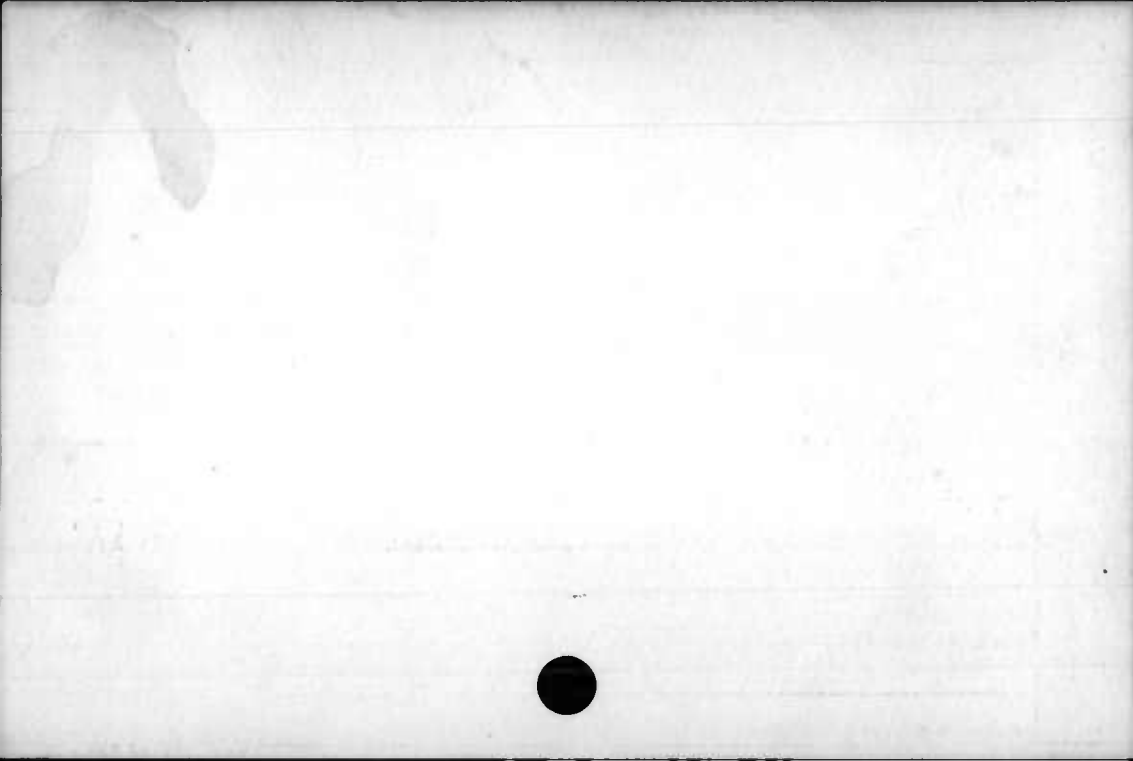
TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town Gorans town		County Baltimore		MARYLAND	
Date of death 190	3	Month Nov	Day 23	Age 59	Years	Months 9	Days
Sex Female		Color or Race white		Birth place Baltimore Co			
Married, Single <input checked="" type="checkbox"/> Widowed				Occupation _____			
Name of Wife or Husband John Butler				66			
Father's Name Chas. Jones				Father's Birthplace Maryland			
Mother's Maiden Name Lucinda C. Hendle				Mother's Birthplace Virginia			
Name of person giving in formation Ella B. Jordan				How related to deceased Sister			

## CAUSES OF DEATH

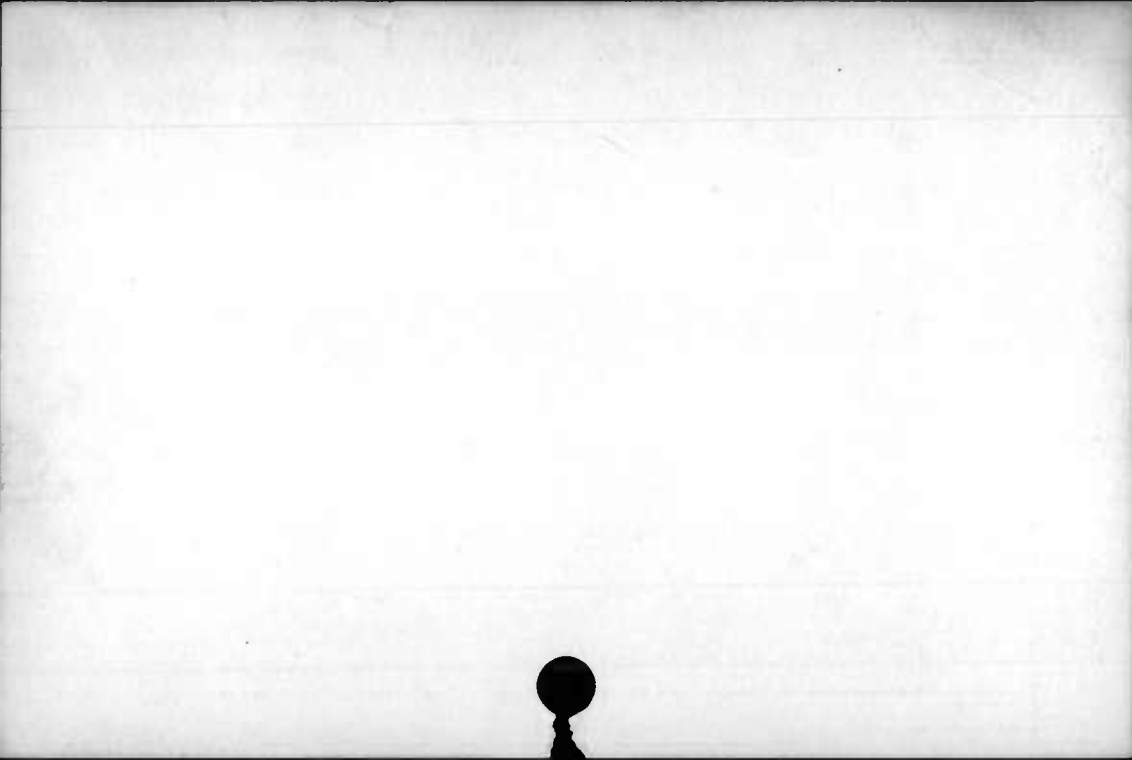
PHYSICIAN  
OR CORONER

Primary	Paralysis	How long	5 days
Immediate	Exhaustion	How long	_____
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician E. M. Duncan	
yes		Address Gorans town	
Accident or Suicide?			

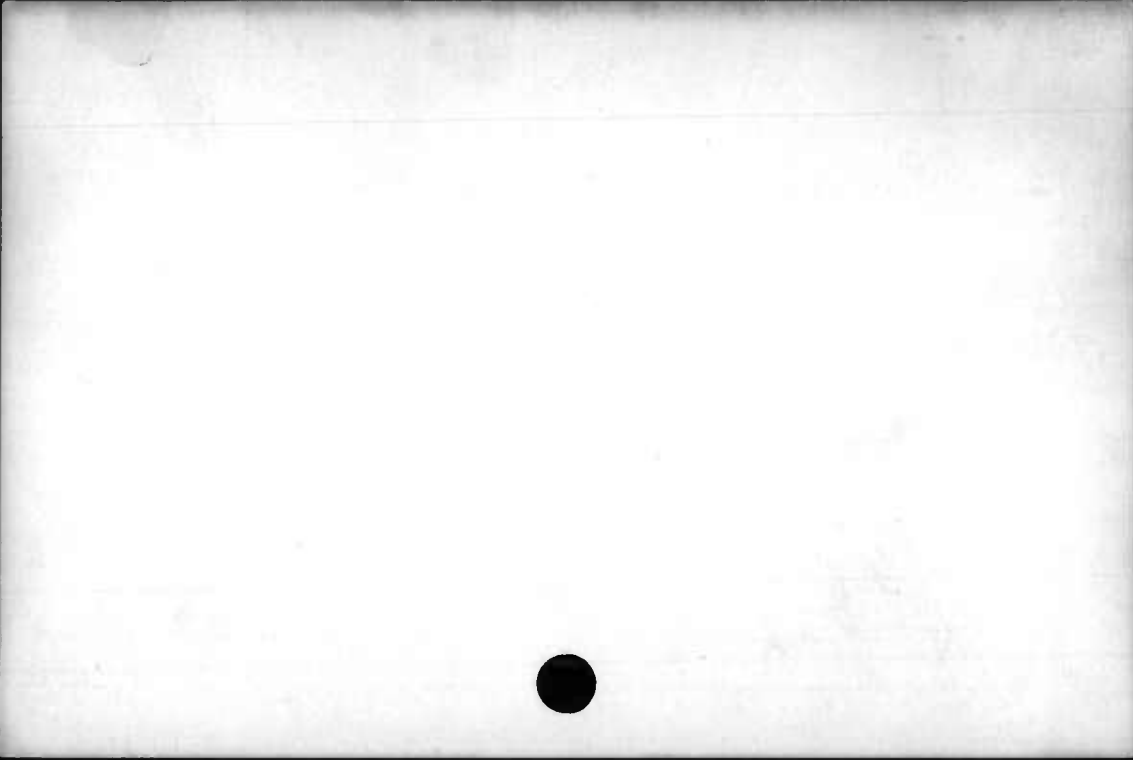


Name in Full		Hannah Cakur				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town		County		MARYLAND
	Towson		Baltimore				
	Date of death 1903	Month	Day	Age	Years	Months	Days
	3 Nov		14	56	1	26	
	Sex	Female		Color or Race	White		Birth-place
	Merschingen Germany		Occupation		None		
	Married, Single or Widowed		Married				
Name of Wife or Husband		Bernard Cakur					
Father's Name		Ulman				Father's Birthplace	
		105				Germany	
Mother's Maiden Name						Mother's Birthplace	
						Germany	
Name of person giving information						How related to deceased	

		CAUSES OF DEATH	
PHYSICIAN OR CORONER	Primary	Intens - Colitis	
	How long	1 wk	
	Immediate	Exhaustion	
	Are the name, age, sex, color, date and place correctly given above?	Yes	
	Signature of Physician	E. H. Brush	
		Address	
		Sheppard & Enoch Pratt Ave Towson Md	
Accident or Suicide?			



Name in Full		Suprema R. Carmody				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Town Orla		County Baltimore		MARYLAND	
	Date of death 190	3	Month Am	Day 21	Age 43	Years	Months Days
	Sex	Female		Color or Race	White		Birth-place Md
	Married, Single or Widowed	Married			Occupation Housewife		
	Name of Wife or Husband	John L. Carmody					
	Father's Name	John Hawthorth				Father's Birthplace	Md
	Mother's Maiden Name	Elizabeth Lees				Mother's Birthplace	England
	Name of person giving information	Elizabeth Carmody				How related to deceased	Step daughter
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary				How long		
	Immediate Phthisis Pulmonalis				How long One year		
	Are the name, age, sex, color, date and place correctly given above?				Signature of Physician Wm. B. Rogers Md		
					Address Baltimore City Md		
<del>Identical or Swindler?</del>							



Adeline Caruthers

Died at <sup>Town</sup> St. Helena<sup>County</sup> Baltimore

MARYLAND

Date 1893 Nov. 12<sup>th</sup>

Age 72 Y. 7 M. D.

Native of New York

Occupation Housewife

~~Male~~

White

Married

Widow

~~Divorced~~

Female

~~Colored~~~~Single~~~~Widower~~

Number of children living 4

Husband of William Caruthers

Father's Name Wm Odell Mother's Name Adeline Odell

Cause of Primary <sup>chronic</sup> Acute Nephritis

How long sick 6 mo

Death Immediate Uremic Poisoning

~~Accident, Suicide, Homicide~~

Reported by G. C. McCormick M.D.

Address Sparrow Pt. Md



Name In Full

Certificate of Death

Name *Mary E. Cary*  
 Town *Granby* County *Balto*  
 Died at *Granby* Month *Nov* Day *30* Y. *21* M. *8* D. *8* Native of *Md* Occupation *none*  
 Date 19*03* Age *21 8 8*  
~~Male~~ White ~~Married~~ ~~Widow~~ ~~Divorced~~  
 Female ~~Colored~~ Single Widower Number of children living

Husband  
of

Father's Name *Zeakel Cary* Mother's Maiden Name *Rebecca Tracy*

Cause of Death Primary *Pulmonary Tuberculosis* How long sick *about 4 yrs*  
 Immediate *Exhaustion* ~~Accident, Suicide, Homicide~~

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79895

0170113

Chas. Chetelat

Town

County

Died at

Fullerton P.O. Balto.

MARYLAND

Date 1913

Month

Day

Y.

M.

D.

Native of

Occupation

Nov 17

Age

7

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband of

Wife

Frank Chetelat

Father's

Mother's

Name

Mary Darling

Maiden Name

Cause of

Primary

Spinal Meningitis

How long sick

Death

Immediate

Exhaustion

Accident, Suicide, Homicide

Reported by

Ligand Whitefoot, M.D.

Address

Parrville

Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Bessie Elizabeth Clark

Town

County

Towson

Baltimore

MARYLAND

Died at

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1893

11

6

Age

16 mos.

Maryland

~~Male~~~~White~~~~Married~~~~Widow~~~~Divorced~~

Female

Colored

~~Single~~~~Widower~~

Number of children living none

Husband of

Wife

Father's

Name

Edward Clark

Mother's

Name

Bessie E. Frazier

Cause of

Primary

Death

Immediate

Tubercular meningitis

How long sick

3 weeks

~~Accident, Suicide, Homicide~~

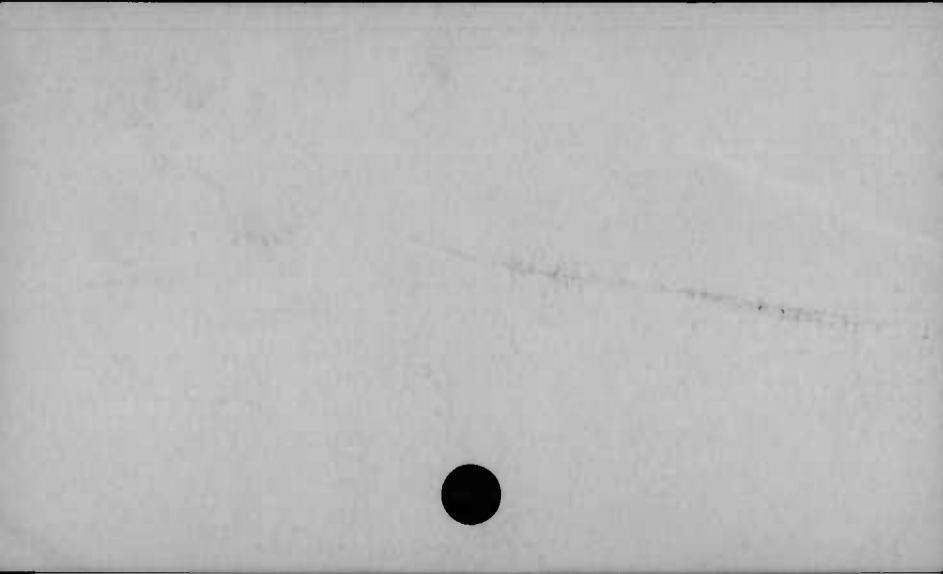
Reported by

Dr. H. D. Jarrett

Address

Towson, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name  
in  
Full

Bertha Ellen Cole

## CERTIFICATE OF DEATH

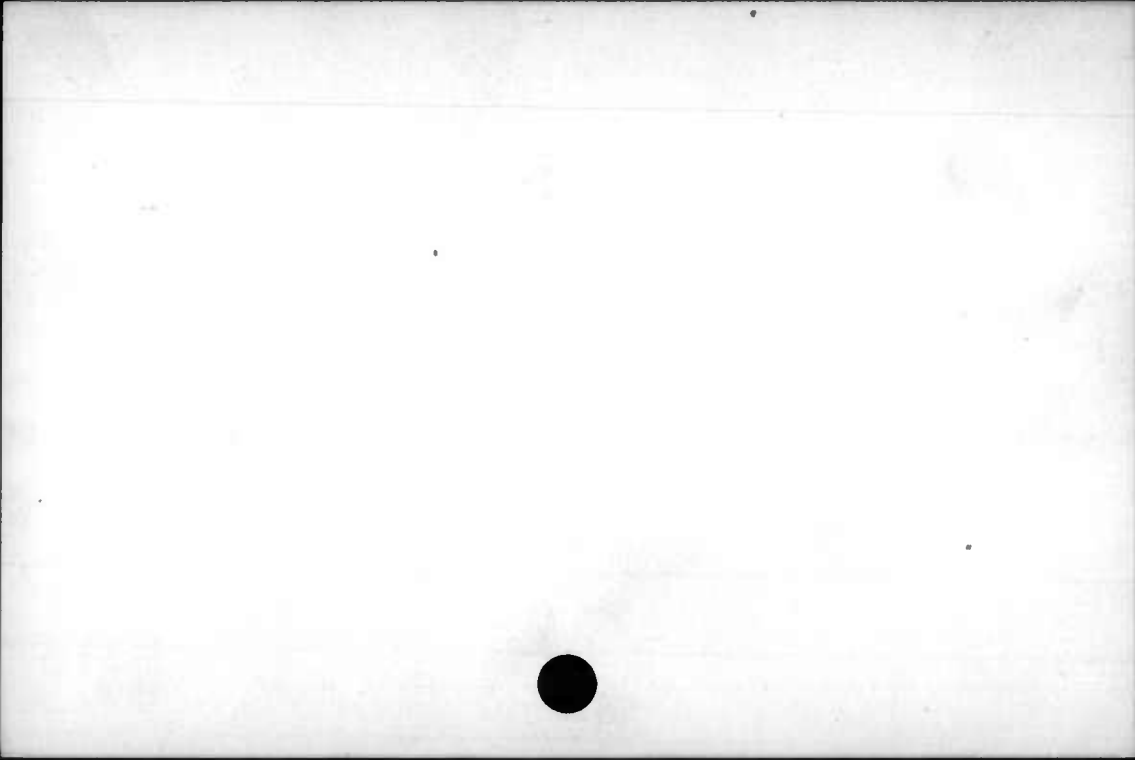
TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town <i>Mt Carmel</i>		County <i>Bartimore</i>		MARYLAND	
Date of death 190	<i>3</i>	Month <i>11</i>	Day <i>27</i>	Age <i>6</i>	Years <i>6</i>	Months <i>11</i>	Days <i>3</i>
Sex	<i>Female</i>		Color or Race	<i>white</i>		Birth- place	<i>Mt Carmel, Md.</i>
Married, Single or Widowed				Occupation			
Name of Wife or Husband							
Father's Name				Father's Birthplace			
<i>James Emory Cole</i>				<i>Mt Carmel, Md.</i>			
Mother's Maiden Name				Mother's Birthplace			
<i>Rebecca Frances France</i>				<i>Hereford, Md.</i>			
Name of person giving In formation				How related to deceased			
<i>Rebecca Frances Cole</i>				<i>mother</i>			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Diphtheria</i>	How long	<i>1 week</i>
Immediate	<i>Heart Failure</i>	How long	<i>18-20 hours</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<i>Yes</i>		<i>A. R. Wittchee</i>	
		Address	
		<i>Hereford, Md.</i>	
<i>Accident or Suicide?</i>			



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at *Collington* <sup>Town</sup> *Isaac Ho.* <sup>County</sup> *Pratto*Date of death *1903* <sup>Month</sup> *Nov* <sup>Day</sup> *12* <sup>Year</sup> *18* <sup>Months</sup> <sup>Days</sup>Sex *Male* Color or Race *Weld* Birth-place *Ind.*Occupation *Laborer* Where Residing if not at place of death *Somerset Co.*Married, Single or Widowed *Single* Name of Wife or Husband *X*Father's Name *Joseph Collington* *18.* Father's Birthplace *Ind.*Mother's Maiden Name *X* Mother's Birthplace *X*Name of person giving Information *X* How related to deceased *X*

## CAUSES OF DEATH

Primary *Supreme Melancholia* How long *2 mos*Immediate *Exhaustion* How long *1 mo*Are the name, age, sex, color, date and place correctly given above? *Yes* Signature of Physician *W. R. Kane*Address *Calonsville*Accident or Suicide? *No.*



Name  
in  
Full

Samuel S. Copper

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIENDDied at 208 Potomac st. <sup>Town</sup>Westport <sup>of Baltimore</sup>

MARYLAND

Date  
of death 1903

Month

11

Day

29

Age

Years

25.

Months

Days

3

Sex

male

Color or  
Race

white

Birth-  
place

Maryland

Married, Single  
or Widowed

Single

Occupation

Glass stopper Grinder

Name of Wife or  
HusbandFather's  
Name

John Copper

Father's  
BirthplaceMother's  
Maiden Name

Cummings

Mother's  
BirthplaceName of person giving  
in formation

Miss Walton

How related  
to deceased

Friend

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Typhoid Fever

How long

four weeks

Immediate

Hemorrhage Tuberculosis

How long

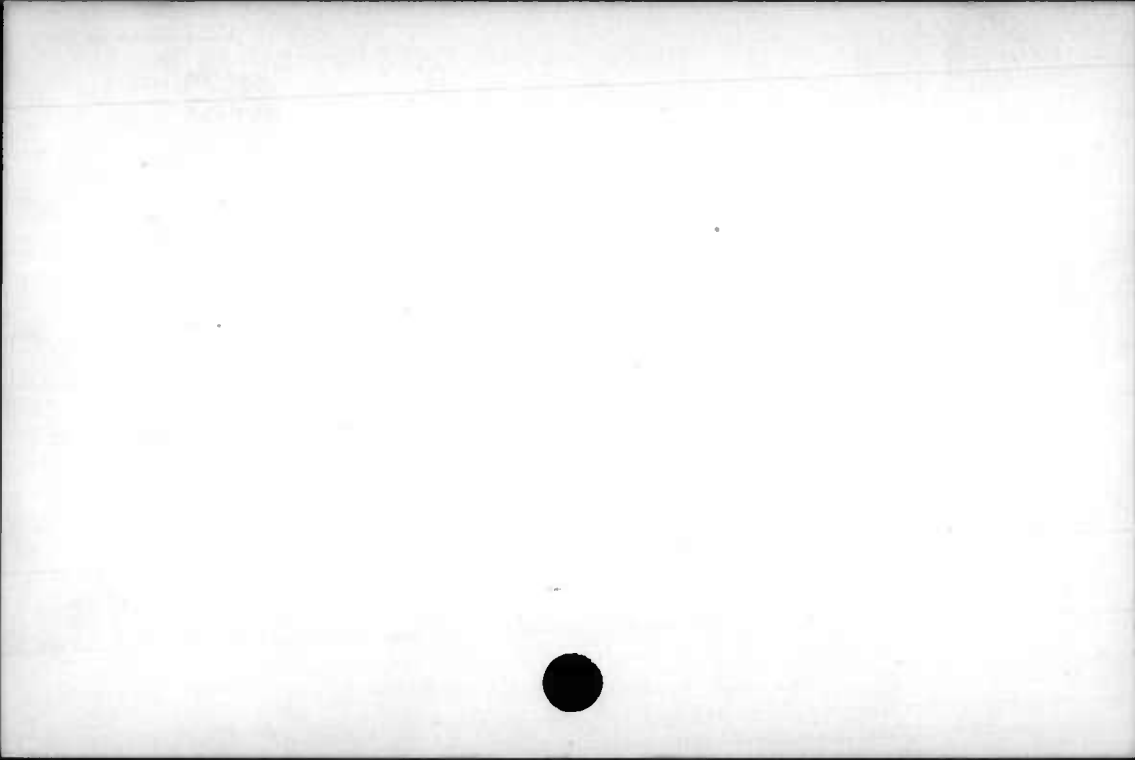
two weeks

Are the name, age, sex, color, date  
and place correctly given above?Signature of  
Physician

Address

Joe. H. Cahoon  
2017 Wilkens Ave

Accident or Suicide?



Name  
in  
Full

Nathaniel B. Crenshaw

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Gorans town</i>		Town		<i>Baltimore</i>		County		MARYLAND	
Date of death 190 <i>3</i>	Month <i>Nov.</i>	Day <i>16</i>	Age <i>57</i>	Years	Months <i>11</i>	Days			
Sex <i>Male</i>		Color or Race <i>white</i>		Birth-place <i>Virginia</i>					
Married, Single or Widowed <i>Married</i>				Occupation					
Name of Wife or Husband <i>Elizabeth H. Hopkins</i>									
Father's Name <i>John Baem Crenshaw</i>				66.		Father's Birthplace <i>Virginia</i>			
Mother's Maiden Name <i>Rachel Hope Crenshaw</i>						Mother's Birthplace <i>"</i>			
Name of person giving Information <i>Clayton M. Elroy</i>						How related to deceased <i>Son in law</i>			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Paralysis</i>	How long <i>3 days</i>
Immediate <i>Exhaustion</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>E. H. Decusair</i>
	Address <i>Gorans town</i>
Accident or Suicide? <i>Neither</i>	



Name  
in  
Full

Robert F Cross

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIENDDied at *Melan Lane* TownCounty *Balto*

MARYLAND

Date  
of death 190 *3*Month  
*Nov*Day  
*9*Age  
*5*

Years

Months  
*11*Days  
*15*Sex *Male*Color or  
Race*White*Birth-  
place*Carroll Co*Married, Single  
or Widowed*Single*

Occupation

*School Teacher*Name of Wife or  
HusbandFather's  
Name*Edw Cross*Father's  
Birthplace*Carroll Co*Mother's  
Maiden Name*Mary Wempe*Mother's  
Birthplace*Balto Co*Name of person giving  
In formation*Edw Cross*How related  
to deceased*Father*

## CAUSES OF DEATH

Primary

*Laryngeal Diphtheria*

How long

*5 days*

Immediate

*Septicemia*

How long

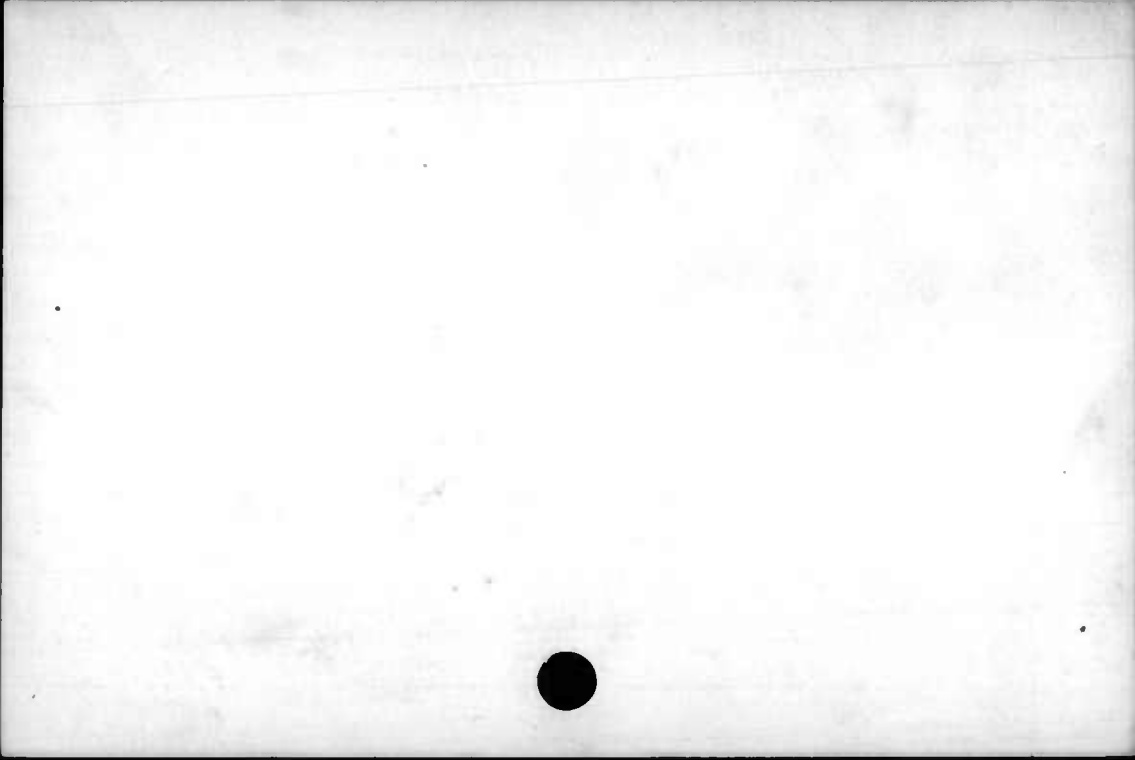
*5 hours*Are the name, age, sex, color, date  
and place correctly given above?*yes*Signature of  
Physician*Edw Dechen M.D.*

Address

*2250 E. Hoffman St.  
Baltimore Md.*

Accident or Suicide?

PHYSICIAN  
OR CORONER



Name  
in  
Full

Mary J. Crowe

## CERTIFICATE OF DEATH

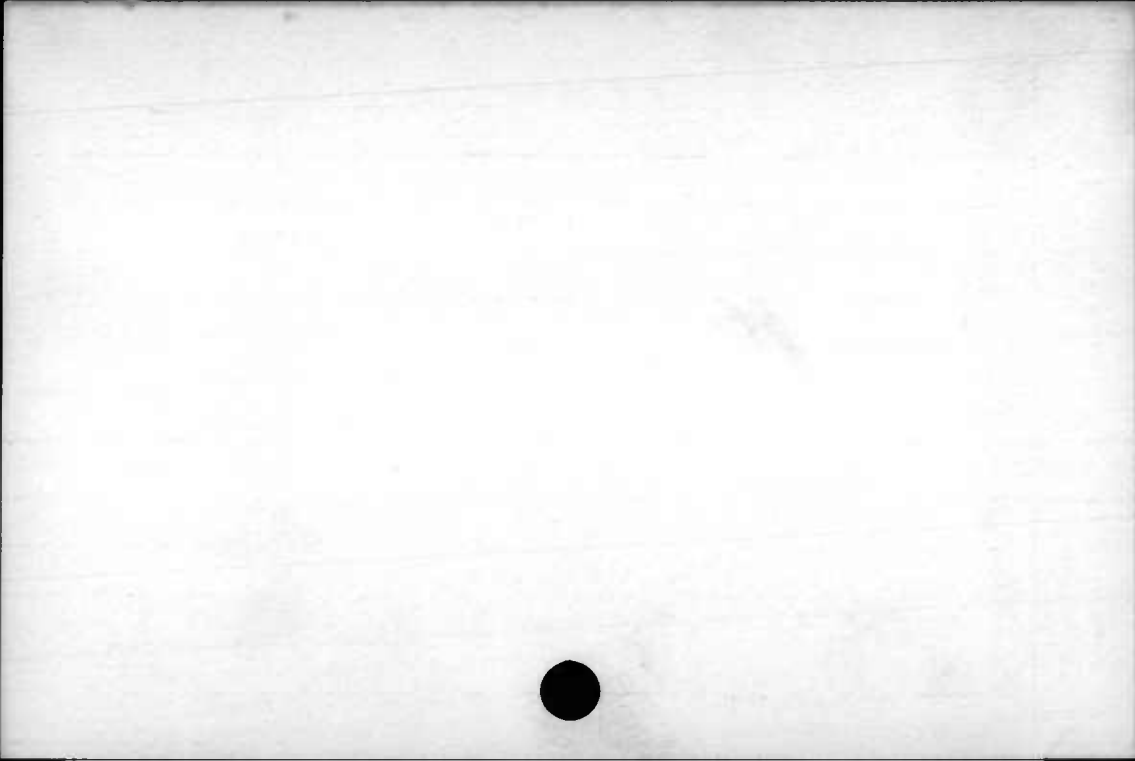
TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Dickieville		County		Baltimore		MARYLAND	
Date of death 190		3	Month	Nov	Day	19	Years	34	Months
Sex		Female		Color or Race		White		Birth-place	
Married, Single or Widowed		Married		Occupation		Wife			
Name of Wife or Husband		Joshua E. Crowe							
Father's Name		Jessie M. Porter						Father's Birthplace	
Mother's Maiden Name		Sarah E. Porter						Mother's Birthplace	
Name of person giving information		Husband						How related to deceased	
								Husband	

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Pneumonia	How long	3 days
Immediate	Pneumonia	How long	5 days.
Are the name, age, sex, color, date and place correctly given above?		yes	
Signature of Physician		George Y. Richard	
Address		Dickieville	
Accident or Suicide?		No	



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name *John Edward Dancy* Town *Lorton* County *Baltimore* MARYLAND

Died at *Lorton*

Date of death 190*2* Month *11* Day *25* Age *24* Years Months Days

Sex *Male* Color or Race *White* Birth-place *Ill*

Occupation *Printer* Where Residing if not at place of death *Lorton*

~~Married~~ Single Name of Wife or Husband

Father's Name *Henry Dancy* Father's Birthplace *Germany*

Mother's Maiden Name *Mary Schumy* Mother's Birthplace *Germany*

Name of person giving information *Emma Hoffman* How related to deceased *uncle*

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary *Pulmonary Tuberculosis* How long *6 months*

Immediate *as above* How long

Are the name, age, sex, color, date and place correctly given above? *Yes* Signature of Physician *Frank P. Phil*

Address *Lorton*

Accident or Suicide?



Name  
in  
Full

Francis M. Darby

## CERTIFICATE OF DEATH

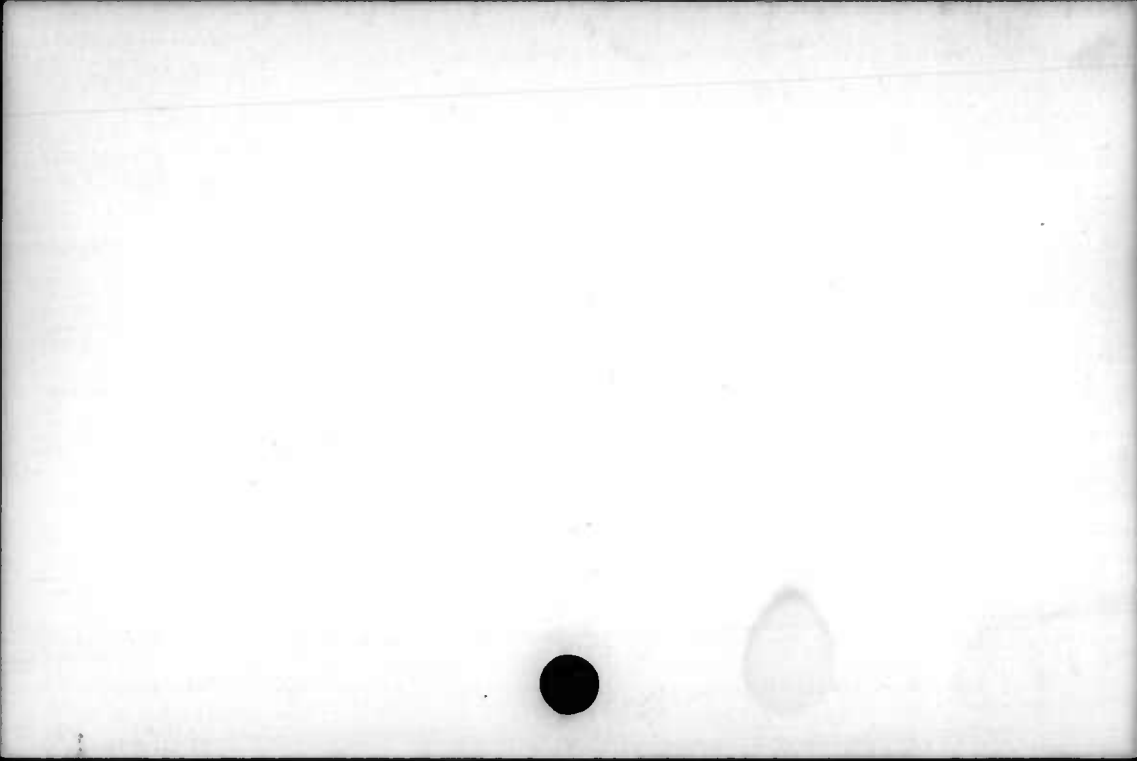
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Baltimore</u>		County <u>_____</u>		MARYLAND	
Date of death	190 <u>3</u>	Month <u>Nov.</u>	Day <u>10</u>	Age <u>65</u>	Months <u>8</u> Days <u>29</u>
Sex <u>male</u>	Color or Race <u>white</u>	Birth-place <u>Md.</u>			
Occupation <u>Lawyer</u>	Where Residing if not at place of death <u>Balto. Md.</u>				
Married, Single or Widowed <u>married</u>	Name of Wife or Husband <u>Ella Leib Darby.</u>				
Father's Name <u>Charles A Darby</u>	Father's Birthplace <u>Md.</u>				
Mother's Maiden Name <u>Martha Chandler</u>	Mother's Birthplace <u>"</u>				
Name of person giving Information <u>Dr. D. H. W. Ragen</u>	How related to deceased <u>none</u>				

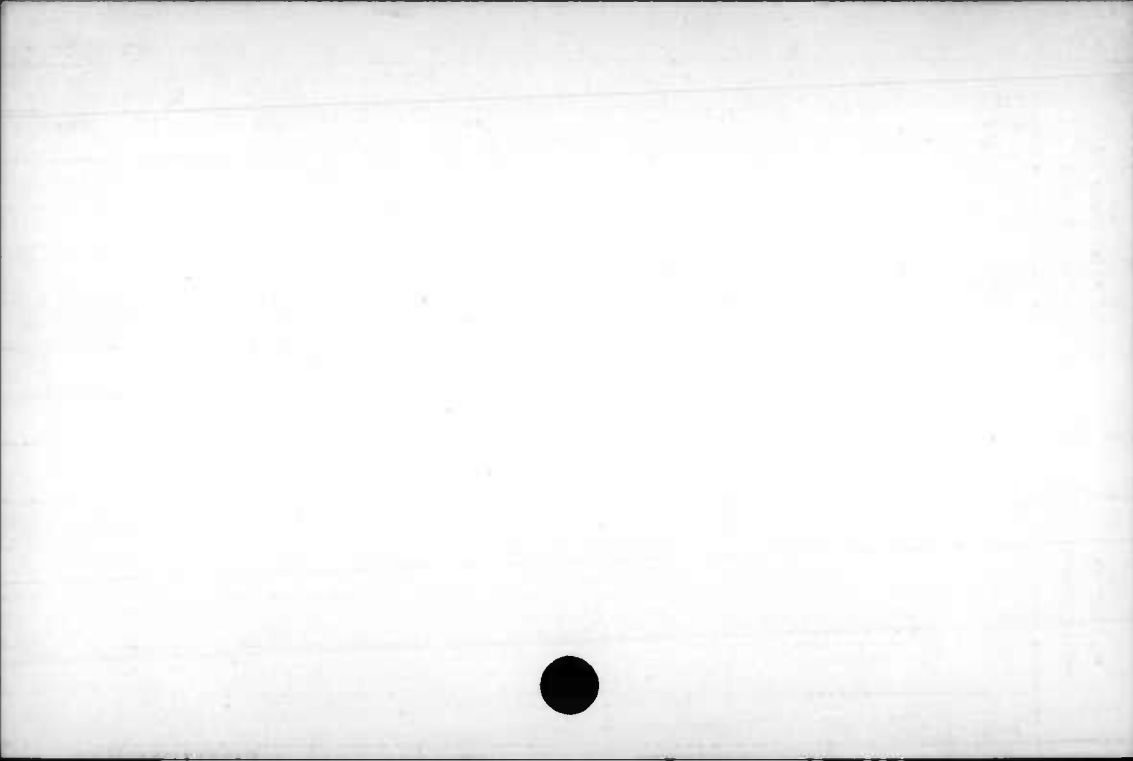
## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	How long
Immediate <u>Swertikel of Oesophagus</u>	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <u>Robert Hoffman Md.</u>
	Address <u>1325 Park Ave.</u>
	<u>Balto. Md.</u>
Accident or Suicide?	



Name in Full		Unmarried Daughters				CERTIFICATE OF DEATH					
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town		County		MARYLAND				
	Sherwood		Baltimore								
	Date of death 190	3	Month	November	Day	26	Age	Years	Months	Days	
	Sex		Male		Color or Race		white		Birth-place		Sherwood Balto Md
	Married, Single or Widowed				Occupation						
	Name of Wife or Husband										
	Father's Name				B. E. Daugherty 152				Father's Birthplace		Balto Md
Mother's Maiden Name				Margaret A Yeakel				Mother's Birthplace		Balto Md	
Name of person giving information				B. E. Daugherty				How related to deceased		father	
PHYSICIAN OR CORONER	CAUSES OF DEATH										
	Primary										
	Pneumonia or Infectious Cause										
	Immediate										
	How long 20 minutes										
Are the name, age, sex, color, date and place correctly given above?											
Yes											
Signature of Physician											
H. Burton Stevenson											
Address											
Md Sherwood											
Accident or Suicide?											



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name <i>Joshua D. Derricks</i>		Town <i>near Teymbrook</i>		County <i>Baltimore</i>		MARYLAND	
Date of death <i>1903</i>		Month <i>Nov</i>	Day <i>8</i>	Age <i>69</i>	Years	Months	Days
Sex <i>Male</i>	Color or Race <i>Black</i>		Birth-place <i>Balto Co Md</i>				
Occupation <i>Farmer</i>			Where Residing if not at place of death				
Married, Single or Widowed <i>Single</i>			Name of Wife or Husband <i>Eliza E. Derricks</i>				
Father's Name <i>Geo. Derricks</i>			Father's Birthplace <i>Balto Co Md</i>				
Mother's Maiden Name <i>Rachel Deard</i>			Mother's Birthplace <i>"</i>				
Name of person giving information <i>Thomas B. Derricks</i>			How related to deceased <i>Son</i>				

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Paralysis</i>	How long <i>24 hours</i>
Immediate <i>"</i>	How long <i>" "</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Thos. Price</i>
	Address <i>Hyndau Md</i>
Accident or Suicide?	



Name  
in  
Full

## CERTIFICATE OF DEATH

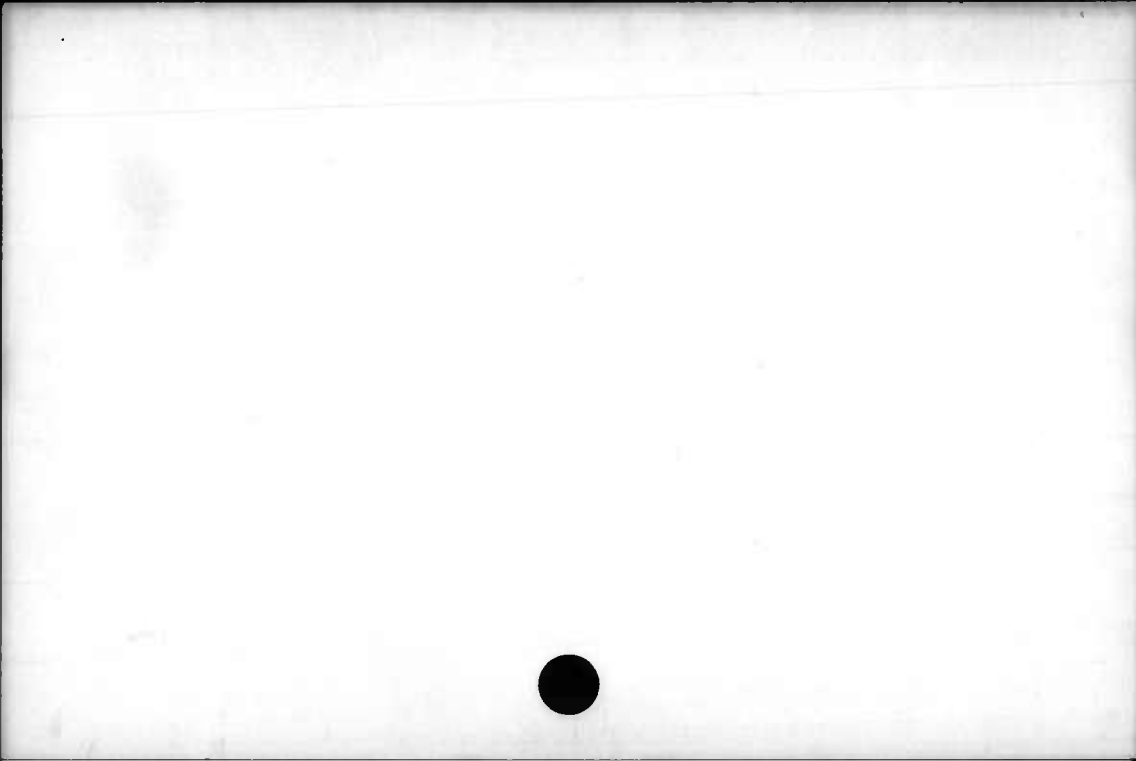
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Orangeville</i>		Town <i>Orangeville</i>		County <i>Balto.</i>		MARYLAND	
Date of death	<i>190</i>	Month <i>Nov.</i>	Day <i>10</i>	Age <i>16</i>	Years <i>16</i>	Months <i>3</i>	Days <i>23</i>
Sex	<i>Male</i>		Color or Race	<i>White</i>		Birth-place	<i>Maryland</i>
Occupation	<i>None</i>			Where Residing if not at place of death <i>Orangeville</i>			
Married, Single or Widowed	<i>Single</i>		Name of Wife or Husband	<i>None</i>			
Father's Name	<i>McKendrick P. Ebaugh</i>				Father's Birthplace	<i>Maryland</i>	
Mother's Maiden Name	<i>Agnes C. Houchet</i>				Mother's Birthplace	<i>Maryland</i>	
Name of person giving Information	<i>McKendrick P. Ebaugh</i>				How related to deceased	<i>Father</i>	

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Chronic Nephritis</i>	How long	<i>7 weeks</i>
Immediate	<i>Anaemia</i>	How long	<i>7 weeks</i>
Are the name, age, sex, color, date and place correctly given above?		<i>yes</i>	
Signature of Physician		<i>J. W. Ebaugh</i>	
Address		<i>1701 Pennsylvania Ave Balto, Birkler &amp; Birkler, 1739 E. Eager</i>	
Accident or Suicide?		<i>No.</i>	



Name  
in  
Full

## CERTIFICATE OF DEATH

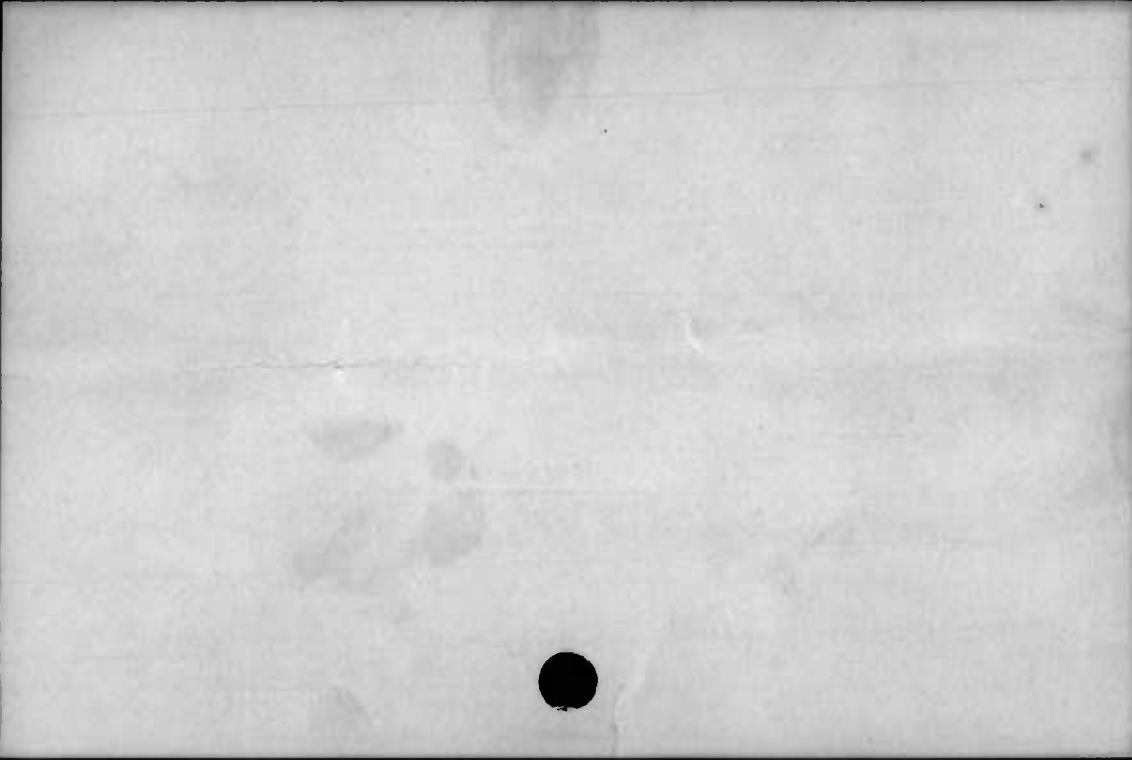
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Alberton</i> <sup>Town</sup>		<i>Baltimore</i> <sup>County</sup>		MARYLAND	
Date of death <i>1903</i>	Month <i>Nov</i>	Day <i>23</i>	Age <i>23</i>	Months <i>2</i>	Days <i>27</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Alberton, Md</i>		
Occupation <i>—</i>			Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed <i>—</i>			Name of Wife or Husband <i>—</i>		
Father's Name <i>John Engle</i>			Father's Birthplace <i>Harford Co., Md</i>		
Mother's Maiden Name <i>Sophia Lutz</i>			Mother's Birthplace <i>Frederick Md</i>		
Name of person giving information <i>93</i>			How related to deceased <i>—</i>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Pneumonia</i>	How long <i>—</i>
Immediate <i>Exhaustion</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Tassey Wallmeyer, M.D.</i>
	Address <i>Alberton, Md</i>
Accident or Suicide? <i>—</i>	



Name  
in  
Full

Anna Fitzgerald

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIENDDied at *Int Washington*County *Balt.*

MARYLAND

Date  
of death 190 *3*Month *Nov*Day *21*Age *3*

Years

Months

Days

Sex *Female*Color or  
Race *White*Birth-  
place *Ind*Married, Single  
or Widowed

Occupation

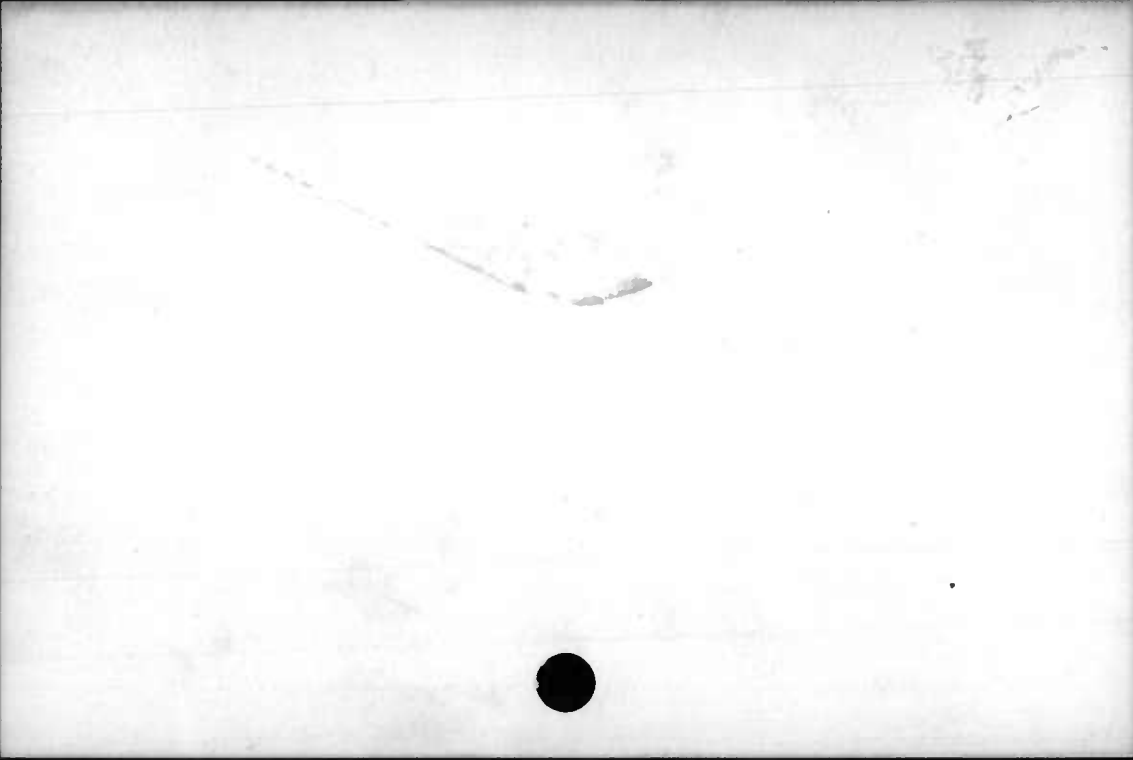
Name of Wife or  
Husband.Father's  
Name *Dennis Fitzgerald*Father's  
Birthplace *Ind*Mother's  
Maiden Name *Mary E. Ryan*Mother's  
Birthplace *Ind*Name of person giving  
In formation *S J Rock*How related  
to deceased *Uncle*

## CAUSES OF DEATH

Primary *Sepsithemia*How long *Two weeks*Immediate *Heart Failure*How long *One day*Are the name, age, sex, color, date  
and place correctly given above? *yes*Signature of  
Physician *C H Beeton*Address *Int Washington*

Accident or Suicide?

PHYSICIAN  
OR CORONER



Name  
in  
Full

Catherine E. Franz.

## CERTIFICATE OF DEATH

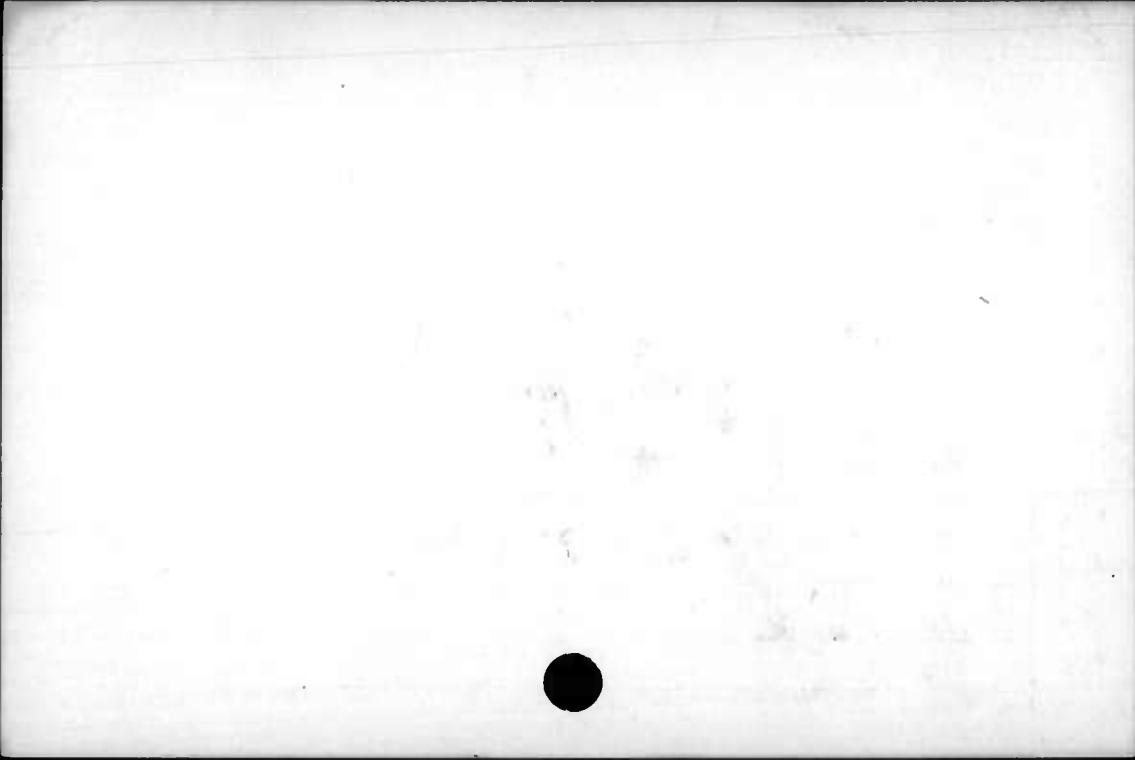
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Annapolis Road.</i>		Town <i>Westport.</i>	County <i>Baltimore</i>		MARYLAND	
Date of death 190	3	Month <i>Nov.</i>	Day <i>5</i>	Age <i>72</i>	Years	Months
Sex <i>Female</i>	Color or Race <i>white</i>		Birth-place <i>Germany</i>			
Married, Single or Widowed <i>Single</i>			Occupation <i>House Work. End Restaurant</i>			
Name of <del>Wife or</del> Husband <i>John J. Franz</i>						
Father's Name <i>Beahler.</i>			Father's Birthplace <i>Germany</i>			
Mother's Maiden Name			Mother's Birthplace			
Name of person giving information <i>Catherine E. Kestler</i>			How related to deceased <i>Daughter</i>			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Complication of dissection cardiac drop</i>	How long <i>1 Year</i>
Immediate <i>and Heart failure</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Frank H. Pugh</i>
	Address <i>Landowne. Md</i>
Accident or Suicide? <i>No</i>	



Name  
in  
Full

Rose Schaffer Frost

## CERTIFICATE OF DEATH

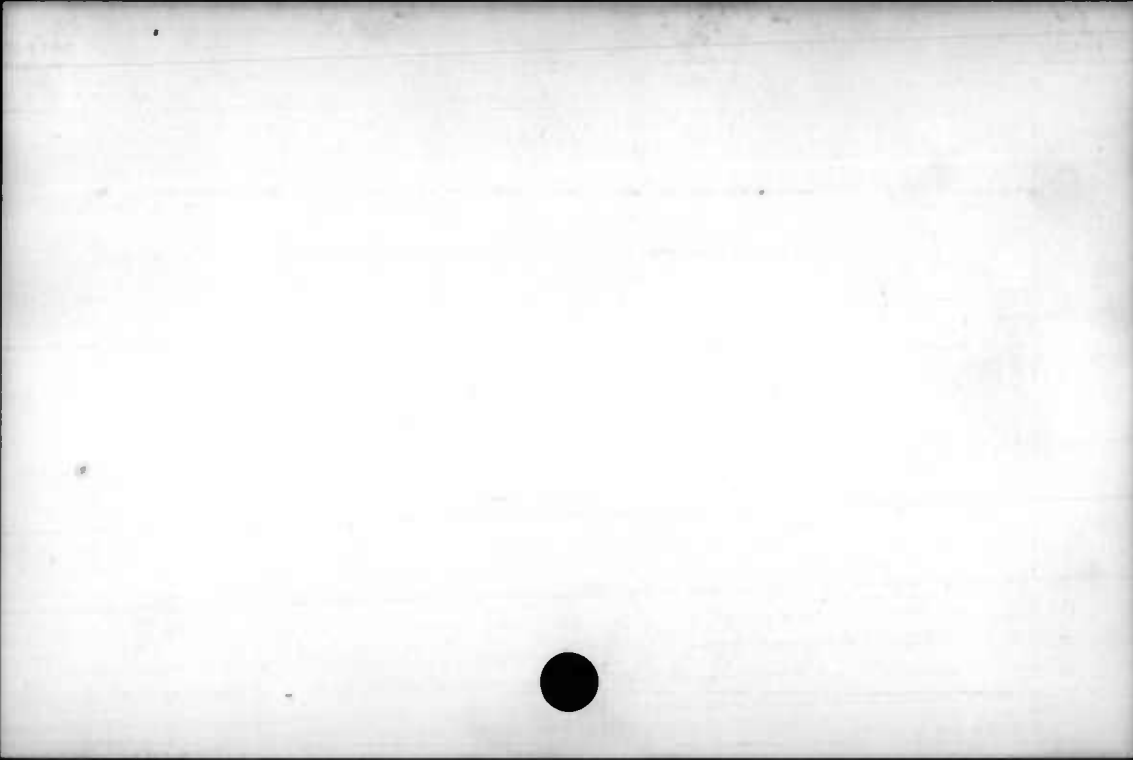
TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town Oella		County Baltimore		MARYLAND	
Date of death 1903	Month 11	Day 23	Age 0	Years	Months	Days 1	
Sex Female	Color or Race White American		Birth- place Oella				
Married, Single or Widowed Single			Occupation _____				
Name of Wife or Husband _____							
Father's Name Frank Frost				Father's Birthplace Maryland			
Mother's Maiden Name Rose Schaffer				Mother's Birthplace Maryland			
Name of person giving Information J H B Orring				How related to deceased Physician			

## CAUSES OF DEATH

PHYSICIAN  
ON-GOSLOWE

Primary	Latent an Insufficiency	How long	2 hours
Immediate	Heart Trouble	How long	10 minutes
Are the name, age, sex, color, date and place correctly given above?		yes	
Signature of Physician		J H B Orring	
Address		Ellicott City	
Accident or Suicide?		no	



Name In Full

Certificate of Death

Died at

Town

County

MARYLAND

Date 189

Month

Day

Y.

M.

D.

Native of

Occupation

Date 189

1905

9

22

Age

14

1

22

md

Male

White

~~Married~~~~Widow~~~~Divorced~~~~Female~~~~Colored~~

Single

~~Widower~~~~Number of children living~~

Husband

of

Wife

Father's

Name

Mother's

Name

Cause of

Primary

How long sick

Four Days

Death

Immediate

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70000

Attended by Dr.

*E. R. Albargh*

of

*Glen Rock*

*R.F.D. #1*

Seen by Coroner

of

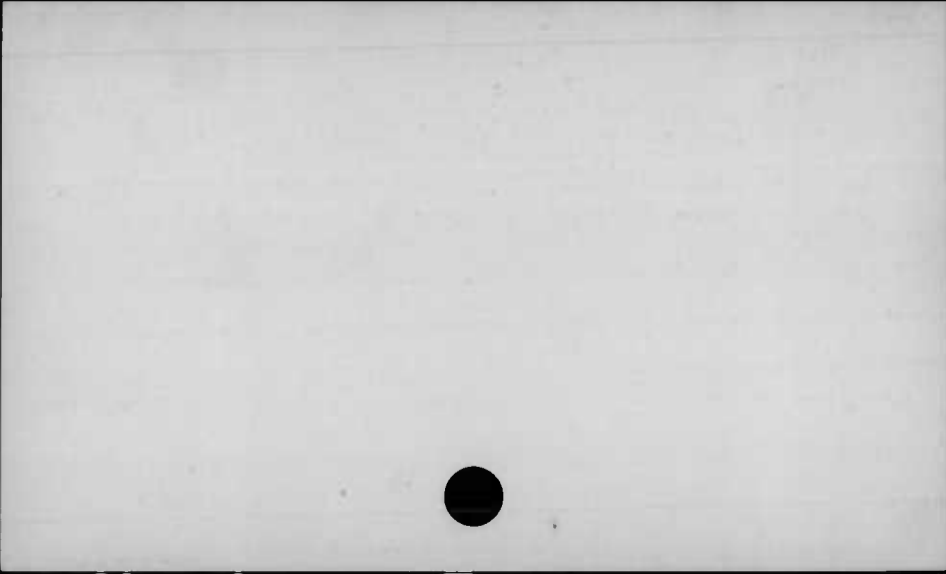
Information contained in this certificate received

from

of

Died at		Town <i>Sparrow's Point</i>		County <i>Balt -</i>		MARYLAND	
Date 189 <i>3</i>		Month <i>Nov</i>	Day <i>15</i>	Y. —	M. —	D. —	Native of <i>Maryland</i>
Male		White		Married		Widow	
<del>Female</del>		<del>Colored</del>		Single		<del>Divorced</del>	
Husband of		Wife		Widower		Number of children living	
Father's Name		<i>Jennie Gladden</i>		Mother's Name		<i>S. Green</i>	
Cause of		Primary		How long sick			
Death		Immediate		<i>Still Born</i>		Accident, Suicide, Homicide	
Reported by		<i>H. H. Pettigrew M.D.</i>					
Address		<i>Sparrow's Point, Md.</i>					

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

*Louis Graft.*

Died at *Balto Co.* <sup>Town</sup> *Alidishouse* <sup>County</sup> **MARYLAND**

Date 19 *03* Month *11* Day *29* Y. *82* M. *Germany* D. *Germany* Occupation *Germany*

Male ☒ White ☒ Married ☒ Widow ☒ Divorced ☒ Number of children living *1*

~~Female~~ ~~Colored~~ ~~Single~~ ~~Widower~~

Husband of  
Wife

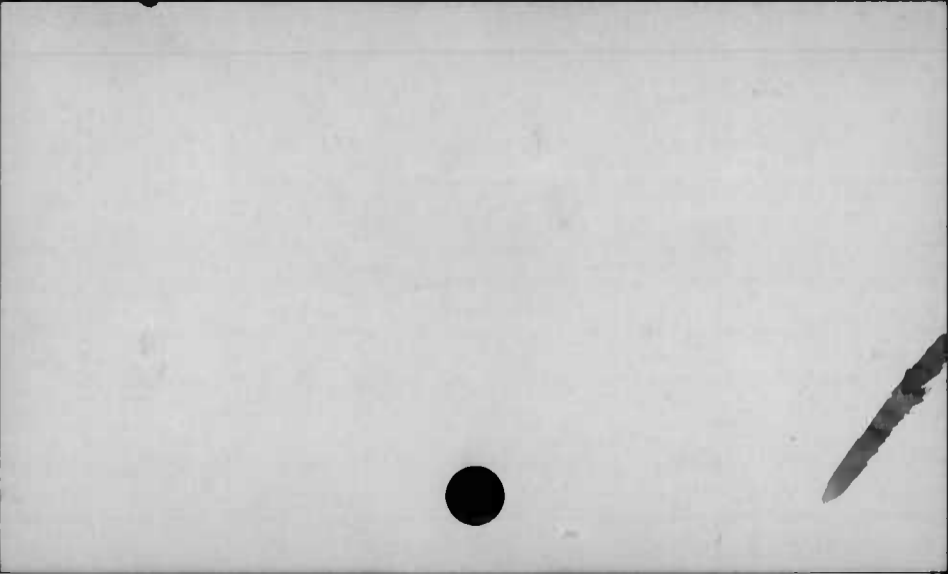
Father's Name Mother's Maiden Name

Cause of Death { Primary Immediate *Heart Disease* How long sick *19* Accident, Suicide, Homicide

Reported by *Dr. Thos. C. Bussey*

Address *Texas*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name  
in  
Full

Sarah E Hannelly

## CERTIFICATE OF DEATH

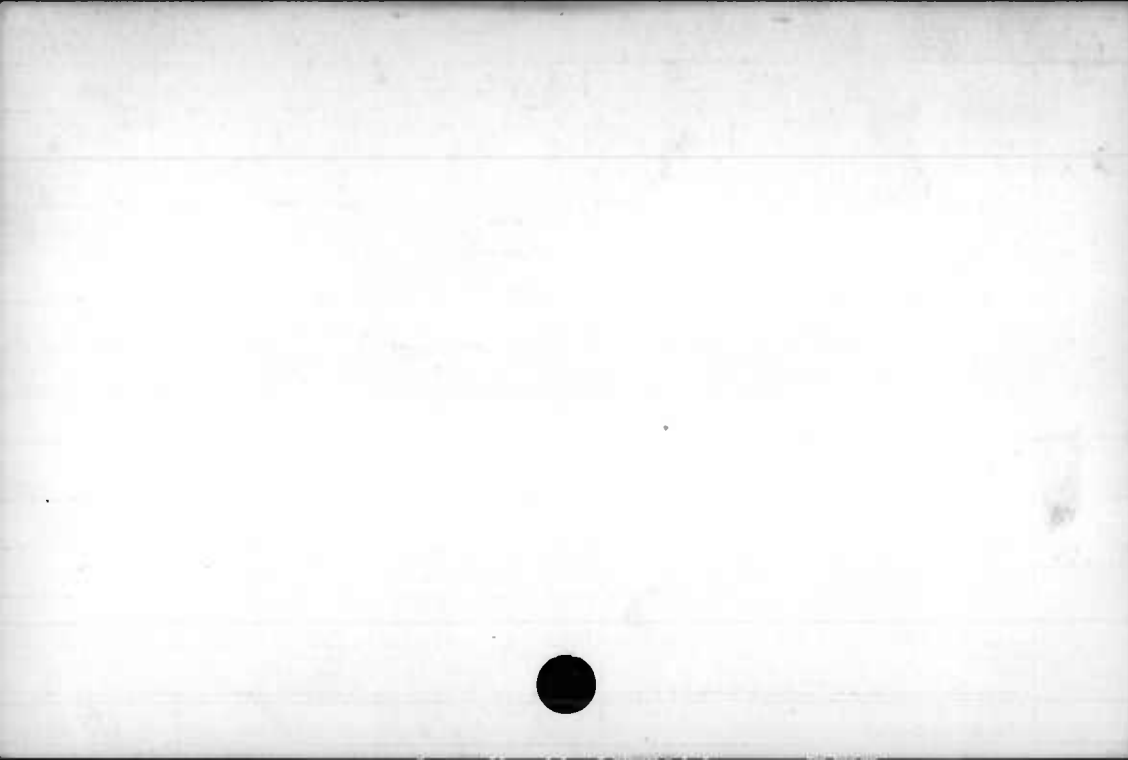
TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death 1903		Month	Day	Years	Months	Days	
3 Nov		28 <sup>th</sup>	Age	15			01
Sex	Female		Color or Race	White		Birth-place	Picheyville
Married, Single or Widowed	Single			Occupation	Weaver		
Name of Wife or Husband							
Father's Name				Father's Birthplace			
John J Hannelly				Picheyville			
Mother's Maiden Name				Mother's Birthplace			
Sarah E Kidwell				"			
Name of person giving information				How related to deceased			
A.C. Smith				None			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Acute Spinal Meningitis	How long	4 days
Immediate	Paralysis of heart	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
for		A.C. Smith	
		Address	
		Picheyville	
Accident or Suicide?			



Name

in  
Full~~Eva~~ *Heartman* (~~Heartman~~)

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Canton</i>		Town		<i>Baltimore</i>		County		MARYLAND	
Date of death 1903		Month <i>Nov.</i>		Day <i>8 1/2</i>		Age <i>—</i>		Months <i>—</i> Days <i>6 1/2 hours</i>	
Sex <i>Female</i>		Color or Race <i>white</i>		Birth-place <i>Balto. Co. Md.</i>					
Married, Single or Widowed <i>Single</i>		Occupation <i>None</i>							
Name of Wife or Husband <i>—</i>									
Father's Name <i>Adam Heartman</i>		Father's Birthplace <i>Md</i>							
Mother's Maiden Name <i>Eva Lechner</i>		Mother's Birthplace <i>"</i>							
Name of person giving information <i>Adam Heartman</i>		How related to deceased <i>Father</i>							

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Premature birth (about 7 mos)</i>	How long <i>—</i>
Immediate <i>Cyanoosis (Tortion of the cord)</i>	How long <i>about six hrs.</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>[Signature]</i>
	Address <i>1023 Canton St.</i>
Accident or Suicide?	

Sacred Heart Cemetery

Nov. 10<sup>th</sup> 1903

Germanus Frank

Undertaker

TO BE ANSWERED BY NEAREST FRIEND	Name in Full <i>Eva Hartman</i>		Town <i>Canton</i>		County <i>Baltimore</i>		CERTIFICATE OF DEATH	
	Died at <i>Canton</i>						MARYLAND	
	Date of death 1903 <i>Nov.</i>	Month <i>7<sup>th</sup></i>	Day <i>7<sup>th</sup></i>	Age <i>42</i>	Years <i>42</i>	Months <i>—</i>	Days <i>—</i>	
	Sex <i>Female</i>	Color or Race <i>white</i>	Birth-place <i>Balto, Md</i>					
	Married, Single or Widowed <i>Married</i>			Occupation <i>None</i>				
	Name of Wife or Husband <i>Adam Hartman</i>							
	Father's Name <i>Samuel Lechner</i>			Father's Birthplace <i>Germany</i>				
Mother's Maiden Name <i>Elizabeth Karch</i>			Mother's Birthplace <i>Germany</i>					
Name of person giving information <i>Adam Hartman</i>			How related to deceased <i>Husband</i>					

CAUSES OF DEATH			
PHYSICIAN OR CORONER	Primary	<i>Placenta Praevia</i>	How long <i>24 hrs</i>
	Immediate	<i>Post Partum Hemorrhage</i>	How long <i>1 hr</i>
	Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>[Signature]</i>
			Address <i>1023 Centre St</i>
	Accident or Suicide? <i>Placenta Praevia</i>		

Sacred Heart Cemetery

Nov. 10<sup>th</sup> 1903

Germanus Lane

Undertaker

Name  
in  
Full

Mary Haughy

## CERTIFICATE OF DEATH

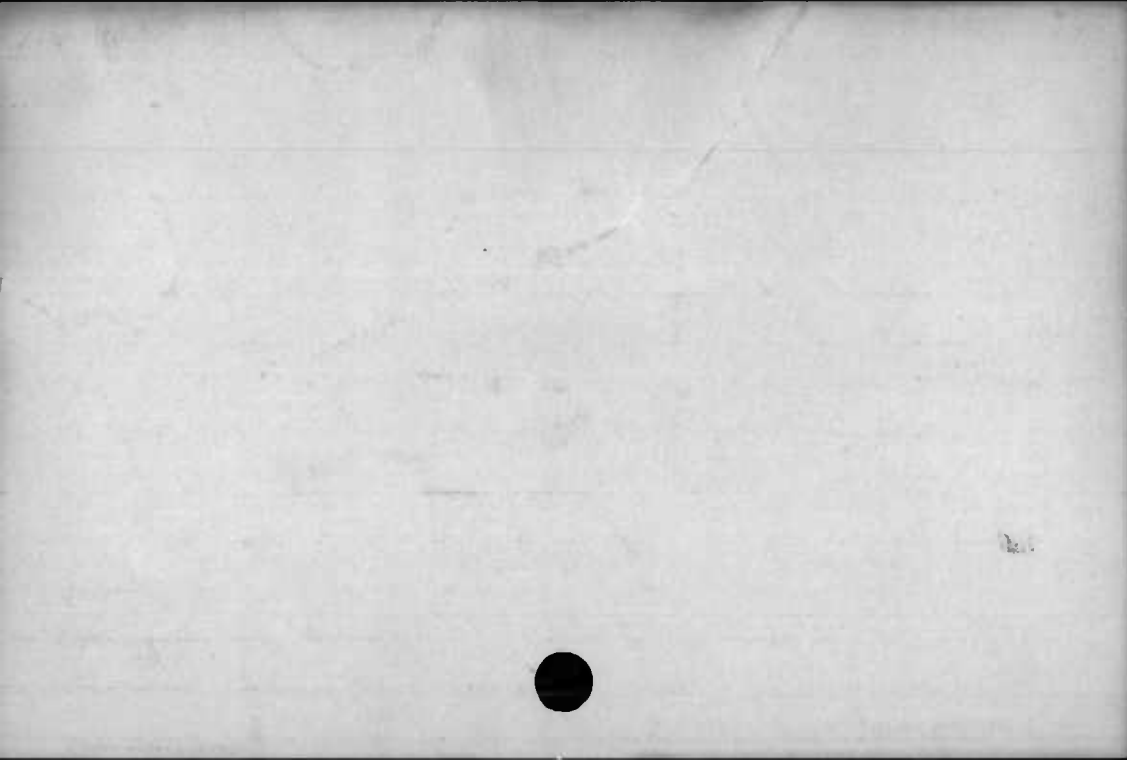
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Reisterstown</i>		Town		<i>Baltimore</i>		County		MARYLAND	
Date of death	<i>1903</i>	Month	<i>Nov</i>	Day	<i>10</i>	Age	<i>45</i>	Years	Months
Sex	<i>Female</i>		Color or Race	<i>white</i>		Birth-place	<i>Barroll Co, Md</i>		
Occupation	<i>House wife</i>				Where Residing if not at place of death		<i>Reisterstown</i>		
Married, Single or Widowed	<i>widow</i>		Name of Wife or Husband	<i>Thomas B Haughy</i>					
Father's Name	<i>Christian Deveries</i>					Father's Birthplace	<i>Hollander</i>		
Mother's Maiden Name	<i>Ann De Bergen</i>					Mother's Birthplace	<i>1</i>		
Name of person giving information	<i>Wm Haughy</i>					How related to deceased	<i>Son</i>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Senile Decay</i>		How long	
Immediate	<i>Senile Decay</i>		How long	<i>In bed 9 mo.</i>
Are the name, age, sex, color, date and place correctly given above?		<i>Yes</i>	Signature of Physician	<i>James Gore M. D.</i>
			Address	<i>Reisterstown, Md.</i>
<i>Accident or Suicide?</i>				



Name in Full

Certificate of Death

*Allice Hawkins*  
 Town County

Died at

*Granby*  
 Month Day

*Balto*  
 Year Month Day

MARYLAND

Date 19

*03 Nov 4*

Age

*5 months*

Native of

*Ind*

Occupation

~~Male~~~~White~~~~Married~~~~Widow~~~~Divorced~~

Female

Colored

Single

~~Widower~~~~Number of children living~~

Husband

of

Wife

Father's

Name

*Wm Hawkins*

Mother's

Maiden Name

*Bertha White*

Cause of

Primary

*Premature delivery*

How long sick

Death

Immediate

~~Accident, Suicide, Homicide~~

Reported by

*A. J. Gabley and*  
*Granby Ind*

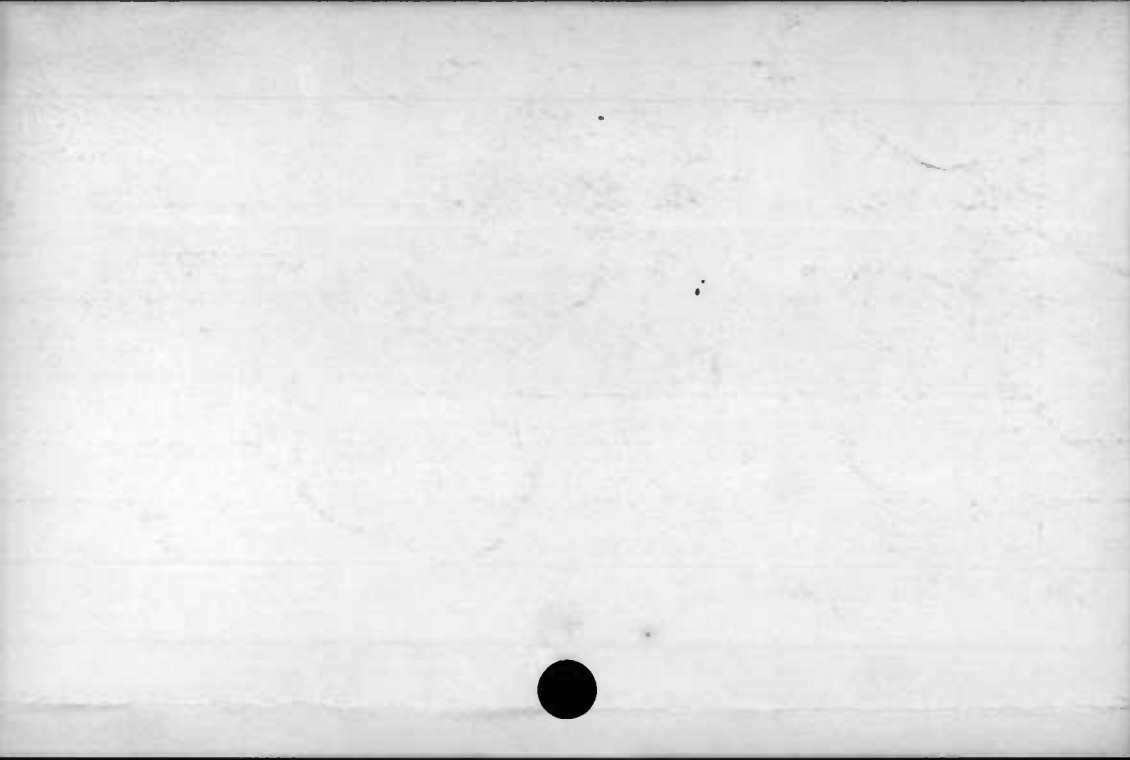
Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79892



Name in Full <i>Sylvia Louise Hedrick</i>		CERTIFICATE OF DEATH			
Died at <i>Freeland</i> <sup>Town</sup>		<i>Balt.</i> <sup>County</sup>		MARYLAND	
Date of death 190 <i>3</i>	Month <i>Nov.</i>	Day <i>17</i>	Age <i>6</i>	Months <i>8</i>	Days <i>2</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Maryland.</i>		
Married, Single or Widowed <i>Single</i>		Occupation <i>School-girl.</i>			
Name of Wife or Husband <i>—</i>					
Father's Name <i>Charles Hedrick</i>			Father's Birthplace <i>Md.</i>		
Mother's Maiden Name <i>Matildia Kinnard</i>			Mother's Birthplace <i>"</i>		
Name of person giving information <i>Charles Hedrick</i>			How related to deceased <i>Father.</i>		
CAUSES OF DEATH					
PHYSICIAN OR CORONER	Primary <i>Acute Catarrhal Laryngitis</i>		How long <i>About 4 days.</i>		
	Immediate <i>Paralyzed Epiglottis.</i>		How long <i>About 5 hours.</i>		
	Are the name, age, sex, color, date and place correctly given above? <i>Yes.</i>		Signature of Physician <i>Jas. L. Yagle, M.D.</i>		
			Address <i>New Freedom Pa.</i>		
Accident or Suicide? <i>—</i>					



Name  
in  
Full

Maria Elizabeth Herget

## CERTIFICATE OF DEATH

Died at <sup>Town</sup> Highlandtown<sup>County</sup> Baltimore

MARYLAND

Date

of death 1903

Month

Nov.

Day

7<sup>th</sup>

Years

Age 64

Months

Days

Sex

Female

Color or  
Race

White

Birth-  
place

Germany

Married, Single  
or Widowed

Married

Occupation

none

Name of ~~Wife or~~  
Husband

Alexander Herget

Father's  
Name

John Scherf

Father's  
Birthplace

Germany

Mother's  
Maiden Name

don't know

Mother's  
Birthplace

"

Name of person giving  
In formation

Alexander Herget

How related  
to deceased

Husband

## CAUSES OF DEATH

Primary

Bright's disease of kidney

How long

6 weeks

Immediate

Exhaustion

How long

Are the name, age, sex, color, date  
and place correctly given above?

yes

Signature of  
Physician

Address

A. S. Warner M.D.  
1120 Highland Ave

Accident or Suicide?

no

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER

Sacred Heart Cemetery

Nov. 11 <sup>th</sup> 1903

Germanus Franu

Undertaker

Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Highland</i>		Town <i>Ball</i>		County		MARYLAND	
Date of death	1903	Month	11	Day	7th	Age	38
Sex	Male	Color or Race	White	Birthplace	Md.		
Occupation	Laborer			Where Residing if not at place of death			
Married, Single or Widowed	<input checked="" type="checkbox"/> Married			Name of Wife or Husband <i>Marie Hullen</i>			
Father's Name	<i>Thyma Hullen</i>			Father's Birthplace	<i>Ger</i>		
Mother's Maiden Name	<i>unknown</i>			Mother's Birthplace	<i>Ger.</i>		
Name of person giving information	<i>Maria Hullen</i>			How related to deceased	<i>Wife</i>		

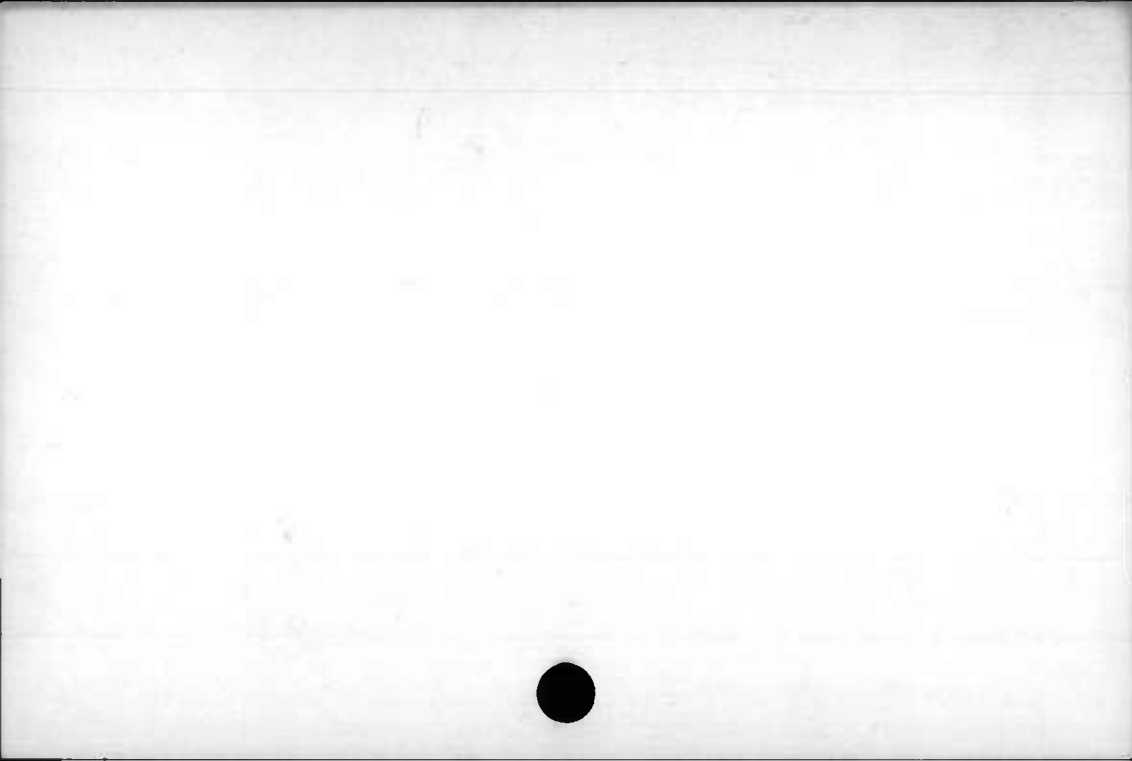
## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>unknown</i>	How long	—
Immediate	<i>Asphyxiation</i>	How long	—
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>J. G. Miller</i>	
		Address	
Accident or Suicide? <input checked="" type="checkbox"/> Accident			



Name in Full		Carroll Stewart Hoshace				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND		Died at <i>Freeland P.O.</i>		Town <i>Baltimore Co.</i>		MARYLAND		
		Date of death 190 <i>3</i>	Month <i>Nov.</i>	Day <i>5</i>	Age <i>8</i>	Years <i>2</i>	Months <i>24</i>	Days
		Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Baltimore Co.</i>		
		Married, Single or Widowed <i>Single</i>			Occupation <i>None</i>			
		Name of Wife or Husband <i>None</i>						
		Father's Name <i>Benton J. Hoshace</i>			Father's Birthplace <i>Baltimore Co.</i>			
		Mother's Maiden Name <i>Clara Shaver</i>			Mother's Birthplace <i>Baltimore Co.</i>			
PHYSICIAN OR CORONER		Name of person giving information <i>Benton J. Hoshace</i>		How related to deceased <i>Father</i>				
		CAUSES OF DEATH						
		Primary <i>La Grippe</i>			How long <i>One week</i>			
		Immediate <i>Pneumonia Labor</i>			How long <i>4 days</i>			
		Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>			Signature of Physician <i>Joseph V. Bledwin</i>			
					Address <i>Freeland R.F.D.#1. Baltimore Co.</i>			
		Accident or Suicide?						



Name  
in  
Full

Elizabeth. James

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Cross Keys</i> <sup>Town</sup>		<i>Balto</i> <sup>County</sup> <i>Cs</i>		MARYLAND	
Date of death <i>1903</i>	Month <i>Nov</i>	Day <i>17</i>	Age <i>69</i>	Months <i>—</i>	Days <i>—</i>
Sex <i>Female</i>	Color or Race <i>Colored</i>		Birth-place <i>Balto City</i>		
Occupation <i>Domestic</i>		Where Residing if not at place of death <i>Cross Keys</i>			
Married, Single or Widowed <i>Married</i>	Name of <del>Widow</del> Husband <i>Henry James</i>				
Father's Name <i>Harris</i>	Father's Birthplace <i>Not Known</i>				
Mother's Maiden Name <i>Not known</i>	Mother's Birthplace <i>" "</i>				
Name of person giving Information <i>Wm James</i>		How related to deceased <i>Son</i>			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Cerebral hemorrhage</i>	How long <i>6 weeks</i>
Immediate <i>General paralysis</i>	How long <i>4 weeks</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Stewart M D</i>
	Address <i>765 - 3rd av</i>
Accident or Suicide?	

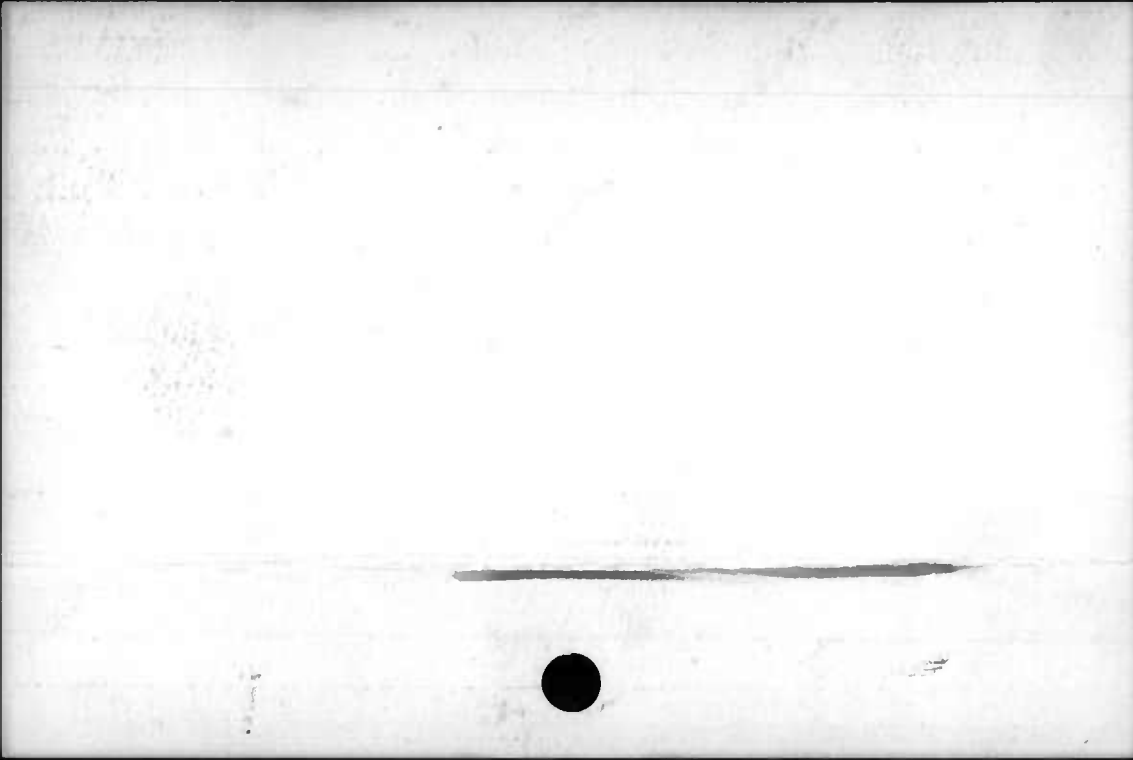
Zion@L.

A S Mearns Hall

3539 Fall Road.

Nov. 19-05

Name in Full		Katherine E. Joh				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND	Died at	Benson <sup>Town</sup> <del>ars</del>		Baltimore <sup>County</sup> <del>County</del>		MARYLAND		
	Date of death	1903	Month	November	Day	20 <sup>th</sup>	Age	78
	Sex	Female		Color or Race	White		Birth-place	Germany
	Married, Single or Widowed	Widow			Occupation	House wife		
	Name of Wife or Husband	Adam Joh						
	Father's Name	Michael Hauser				Father's Birthplace	Germany	
	Mother's Maiden Name	Hoffman				Mother's Birthplace	Germany	
Name of person giving information	Lewis Joh				How related to deceased	Son		
<div style="text-align: center; border: 1px solid black; padding: 5px;">CAUSES OF DEATH</div>								
PHYSICIAN OR CORONER	Primary	Cerebral Hemorrhage				How long	Five hours	
	Immediate							
	Are the name, age, sex, color, date and place correctly given above?	Yes		Signature of Physician	John G. Kolly day			
				Address	714 Frederick ave			
	Accident or Suicide?							



Name  
in  
Full

CERTIFICATE OF DEATH

*Bridget Johnson*

Town

County

Died at *Mt Hope Retreat*

*Balto. Co*

MARYLAND

Date

Month

Day

Years

Months

Days

of death *1903*

*Nov*

*25<sup>th</sup>*

Age *69*

Sex

*Female*

Color or  
Race

*White*

Birth-  
place

*Ireland -*

Occupation

*Religious Soc of Charity -*

Where Residing if not  
at place of death

*Mt Hope Retreat -*

Married, Single  
or Widowed

*Single*

Name of Wife or  
Husband

Father's  
Name

*[Blank]*

Father's  
Birthplace

*Ireland*

Mother's

Maiden Name

*[Blank]*

Mother's  
Birthplace

*"*

Name of person giving  
Information

*Recd of Mt Hope*

How related  
to deceased

*not at all -*

CAUSES OF DEATH

Primary

*Pulmonary Congestion - Post*

How long

*3 or 4 days -*

Immediate

*Exhaustion -*

How long

Are the name, age, sex, color, date  
and place correctly given above?

*Yes*

Signature of  
Physician

*Frank J. Flannery M.D.*

Address

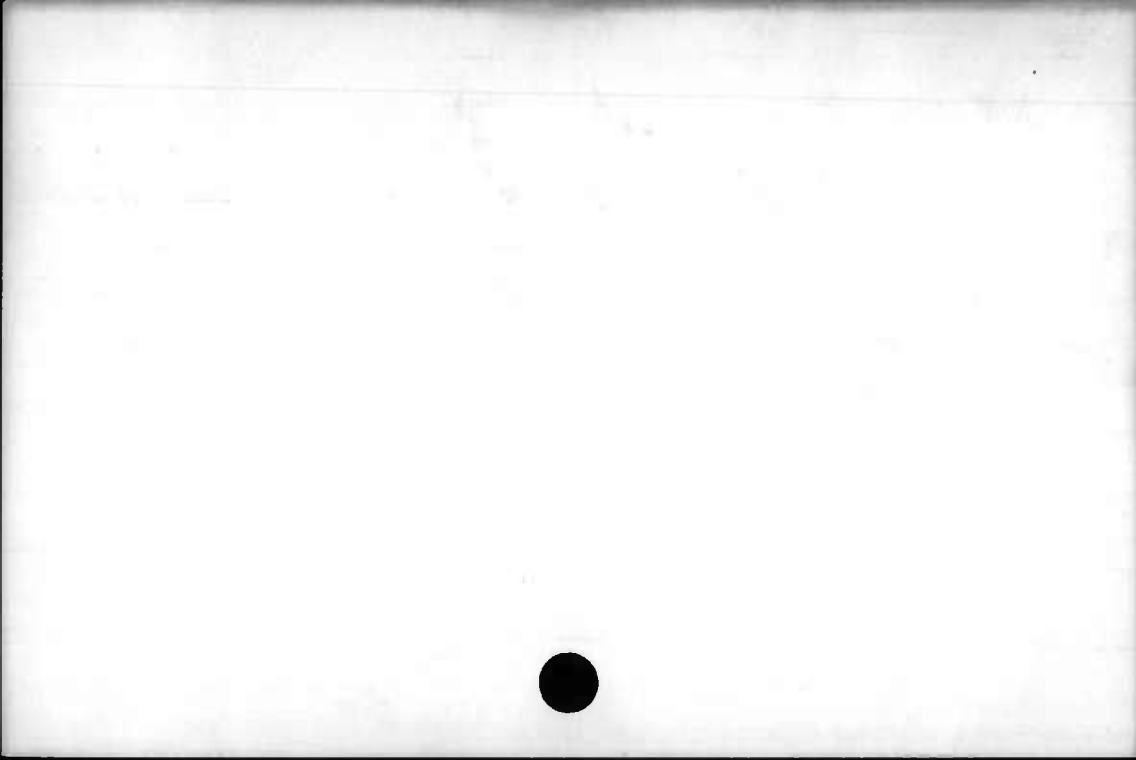
*Mt. Hope Retreat -*

Accident or Suicide?

*Baltimore Co. Md.*

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER



Name  
in  
Full

CERTIFICATE OF DEATH

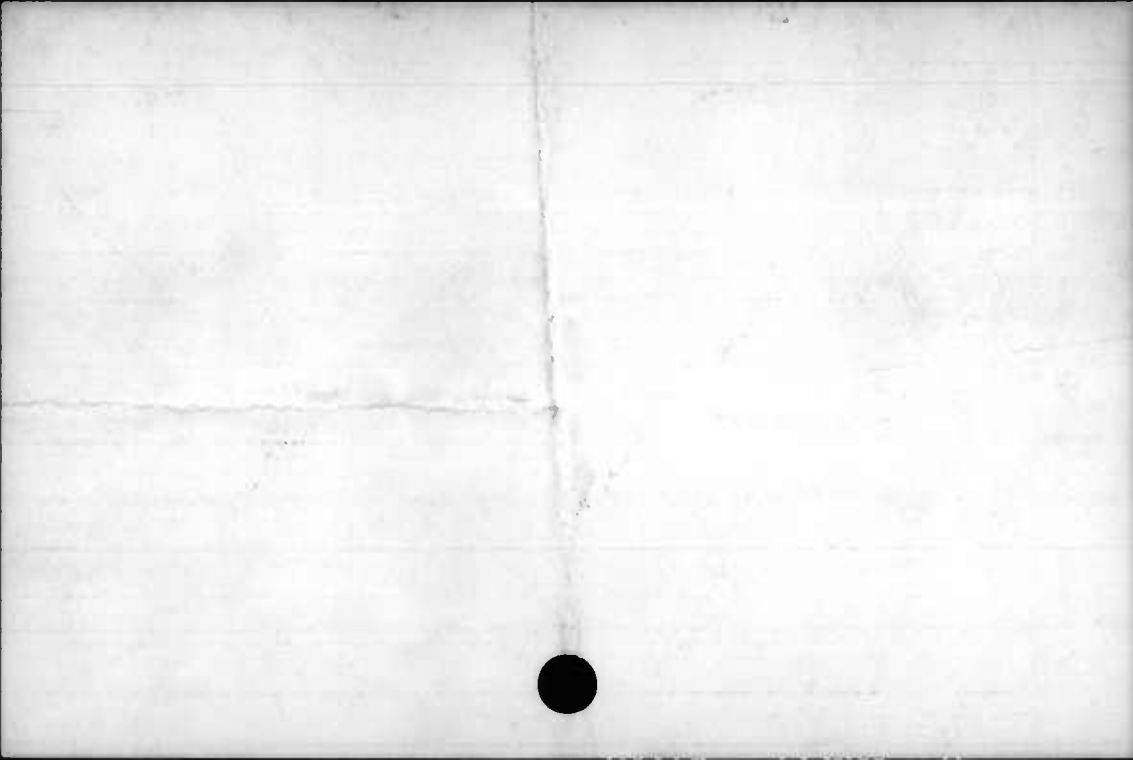
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Pishegville</i> <small>Town</small>		<i>Keokuk</i> <small>County</small>		MARYLAND	
Date of death 1903	<i>Nov 28</i> <small>Month</small>	<i>28</i> <small>Day</small>	Age <i>—</i> <small>Years</small>	<i>—</i> <small>Months</small>	<i>—</i> <small>Days</small>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Pishegville</i>		
Married, Single or Widowed <i>—</i>			Occupation <i>—</i>		
Name of Wife or Husband <i>—</i>					
Father's Name <i>John Keek</i>			Father's Birthplace <i>Pishegville</i>		
Mother's Maiden Name <i>Adeline Childs</i>			Mother's Birthplace <i>"</i>		
Name of person giving Information <i>John Keek</i>			How related to deceased <i>Father</i>		

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Born dead</i>	How long <i>—</i>
Immediate <i>—</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>A. C. Smith</i>
<i>—</i>	Address <i>Lowhattan</i>
Accident or Suicide? <i>—</i>	<i>Mo.</i>



Name in Full

Certificate of Death

Elizabeth A. Keely

Died at <sup>Town</sup> Ashland<sup>County</sup> Balto.

MARYLAND

Date 1968 <sup>Month</sup> Nov. <sup>Day</sup> 2 | Age 71-5-27 | <sup>Y.</sup> Pa. | <sup>Native of</sup> Pa. | <sup>Occupation</sup> um  
~~Male~~ <sup>White</sup> ~~Married~~ <sup>Widow</sup> ~~Divorced~~  
<sup>Female</sup> ~~Colored~~ ~~Single~~ <sup>Widower</sup> Number of children living 6

~~Husband~~ of Edward Keely  
 Wife

Father's Name John Wilhelm

Mother's

Maidan Name

Sarah Prosser

Cause of Death { Primary Right Hemiplegia

Death { Immediate

How long sick

3 weeks

Accident, Suicide, Homicide

Reported by J. H. Boney M.D.

Address Texas Mch.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name  
in  
Full

Elizabeth Kemp

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town Arcadia		County Bald		MARYLAND	
Date of death 190		3	Month 11	Day 12	Age 91-	Years	Months Days
Sex Female		Color or Race white		Birth- place Ind			
Married, Single or Widowed		widow		Occupation nothing			
Name of Wife or Husband							
Father's Name		George Algiers				Father's Birthplace Ind	
Mother's Maiden Name		93				Mother's Birthplace	
Name of person giving In formation		Ida Uhler				How related to deceased nothing	

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Old age	How long
Immediate	Pneumonia	How long 4 days
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician
yes		Address Joa H Wilson Md
Accident or Suicide?		

14.70

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

## MARYLAND

Did Not Die		Town		County		State	
Buckleyville		Baltimore		Maryland			
Date	Month	Day	Age	Years	Months	Days	
of death 1903	Nov.	24	59		5		
Sex	Male		Color or Race	White		Birth-place	Ireland
Married, Single or Widowed			Occupation				
			Laborer				
Name of Wife or Husband							
Father's Name	Thos King			120		Father's Birthplace	Ireland
Mother's Maiden Name	Bridget Farrell					Mother's Birthplace	Ireland
Name of person giving information	Mrs. Delia Mahle					How related to deceased	Daughter

### CAUSES OF DEATH

Primary	<i>Chronic Nephritis</i>	How long
Immediate	<i>Syncope</i>	How long
Are the name, age, sex, color, date and place correctly given above?	<i>Yrs</i>	Signature of Physician <i>Cleaveland Hammond</i> Address <i>Dickeyville, Md.</i>
Accident or Suicide?		

Cathedral Cern

Name  
in  
Full

Unnamed

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Highland</i> Town		<i>Baltimore</i> County		MARYLAND	
Date of death	<i>1903</i>	Month <i>11</i>	Day <i>20</i>	Age <i>3</i>	Years <i>3</i> Months <i>hours</i> Days
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Highland Md</i>		
Occupation			Where Residing if not at place of death <i>511. Benefit St</i>		
Married, Single or Widowed		Name of Wife or Husband			
Father's Name <i>John Kleckner</i>		Father's Birthplace <i>Pomplun.</i>			
Mother's Maiden Name <i>Kate Miller</i>		Mother's Birthplace <i>Balt</i>			
Name of person giving information <i>Father</i>		How related to deceased <i>gave it to me</i>			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Convulsions</i>	How long <i>2 hours</i>
Immediate <i>collapse</i>	How long <i>2 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>E W Lamy M.D.</i>
	Address <i>304 Bond St Ex 0</i>
Accident or Suicide? <i>No</i>	

Philip. Inglass,  
Bald, Conn

Name  
in  
Full

Catherine Koch

## CERTIFICATE OF DEATH

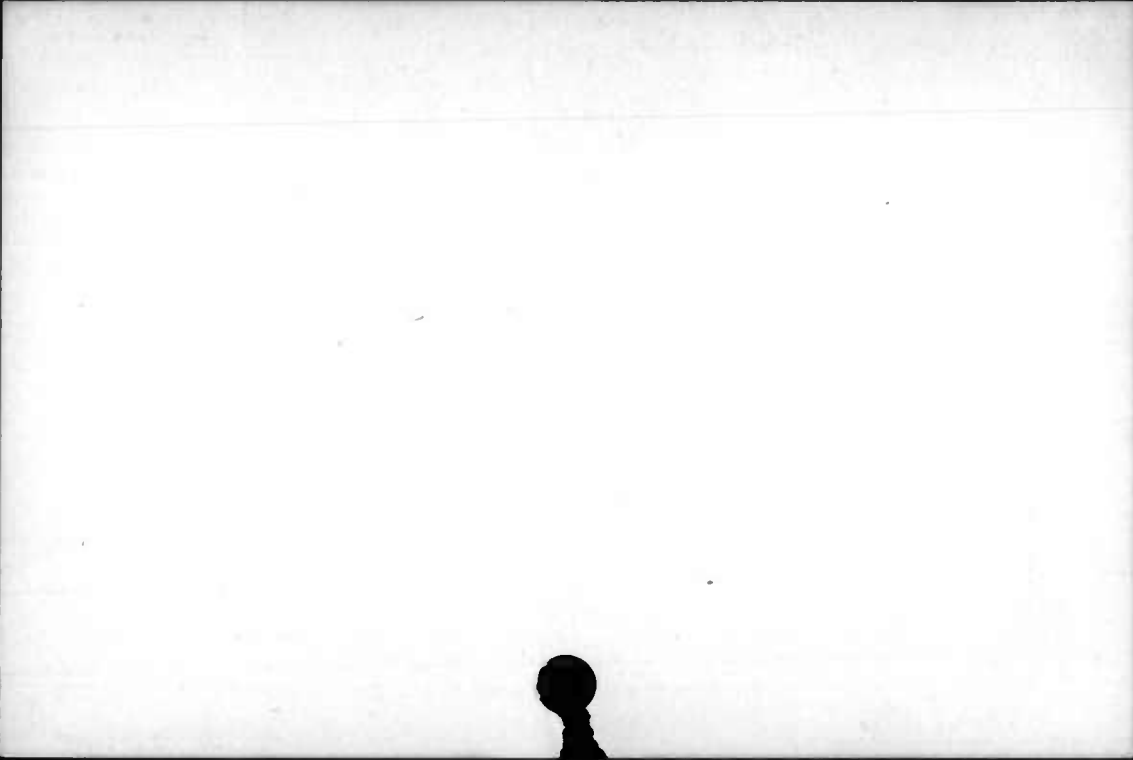
TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Camp Chapel		Baltimore					
Date	Month	Day	Age	Years	Months	Days	
of death 1903.	Nov.	17 <sup>th</sup>	82				
Sex	Color or Race	Birth-place	Occupation				
Female	White	Germany	Housewife				
Married, Single or Widowed							
Widow							
Name of wife or Husband	Herman Koch						
Father's Name	Peter Ciferst 10.				Father's Birthplace	Germany	
Mother's Maiden Name					Mother's Birthplace		
Name of person giving information	Herman Koch				How related to deceased	Grandson	

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Grip.	How long	1 week.
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?	yes.	Signature of Physician	W. J. Harrison.
		Address	Lock Haven.
Accident or Suicide?			



Name  
in  
Full

William Kriger

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at

Middle River

County

Baltimore

MARYLAND

Date

of death 1903

Month

Nov

Day

4

Age

Years

—

Months

—

Days

27

Sex

Male

Color or  
Race

white

Birth-  
place

Md

Married, Single  
or Widowed

—

Occupation

—

Name of Wife or  
HusbandFather's  
Name

90

Father's  
BirthplaceMother's  
Maiden Name

Marie Kriger

Mother's  
Birthplace

Germany

Name of person giving  
information

Martha Hoeffler

How related  
to deceased

none

## CAUSES OF DEATH

Primary

Bronchitis

How long

one week

Immediate

aschemia

How long

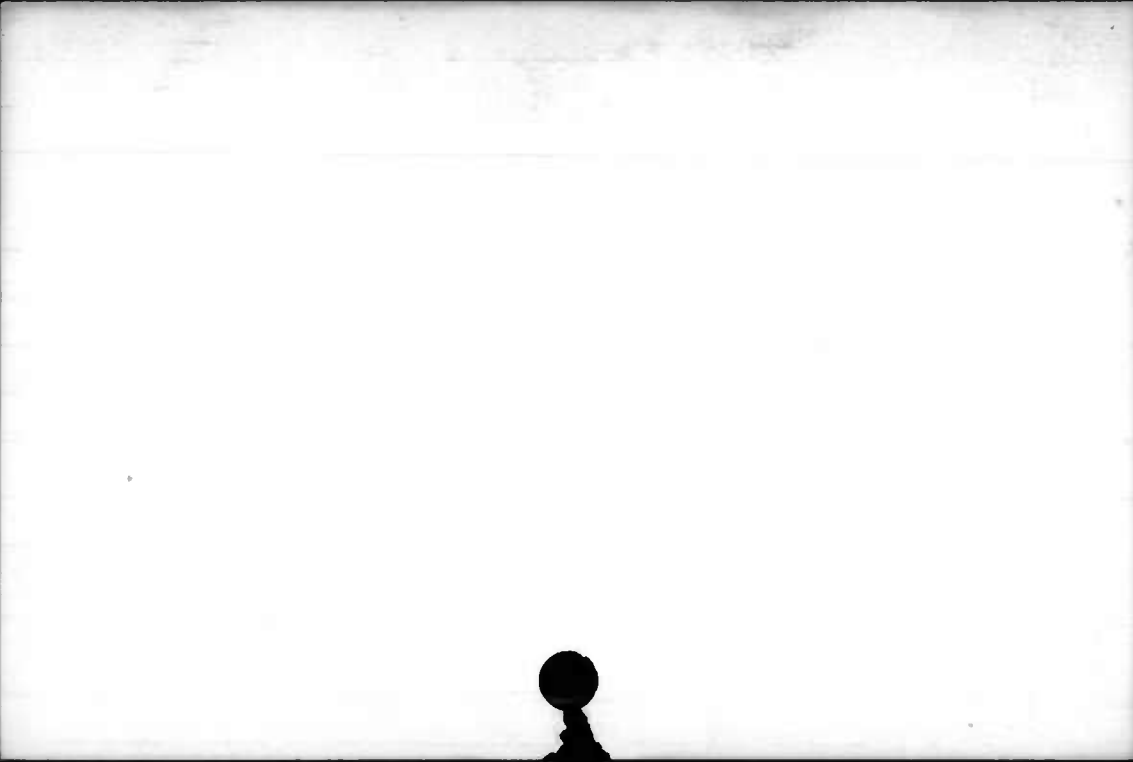
3 wks

Are the name, age, sex, color, date  
and place correctly given above?Signature of  
Physician

Address

John W. Harrison M.D.  
Middle River MdPHYSICIAN  
OR CORONER

Accident or Suicide?



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name *John A. Leister*

Died at *Ellicott City* <sup>Town</sup> *Breton* <sup>County</sup> **MARYLAND**

Date of death 190 *3* <sup>Month</sup> *Aug* <sup>Day</sup> *7* Age <sup>Years</sup> *57* Months Days

Sex *Female* Color or Race *White* Birth-place *MD*

Married, Single or Widowed *Widow* Occupation *Housewife*

Name of Wife or Husband *Albert Leister*

Father's Name *Henry Leister* Father's Birthplace *MD*

Mother's Maiden Name *Mary Leister* Mother's Birthplace *MD*

Name of person giving information How related to deceased

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary *Paralysis* How long *one week*

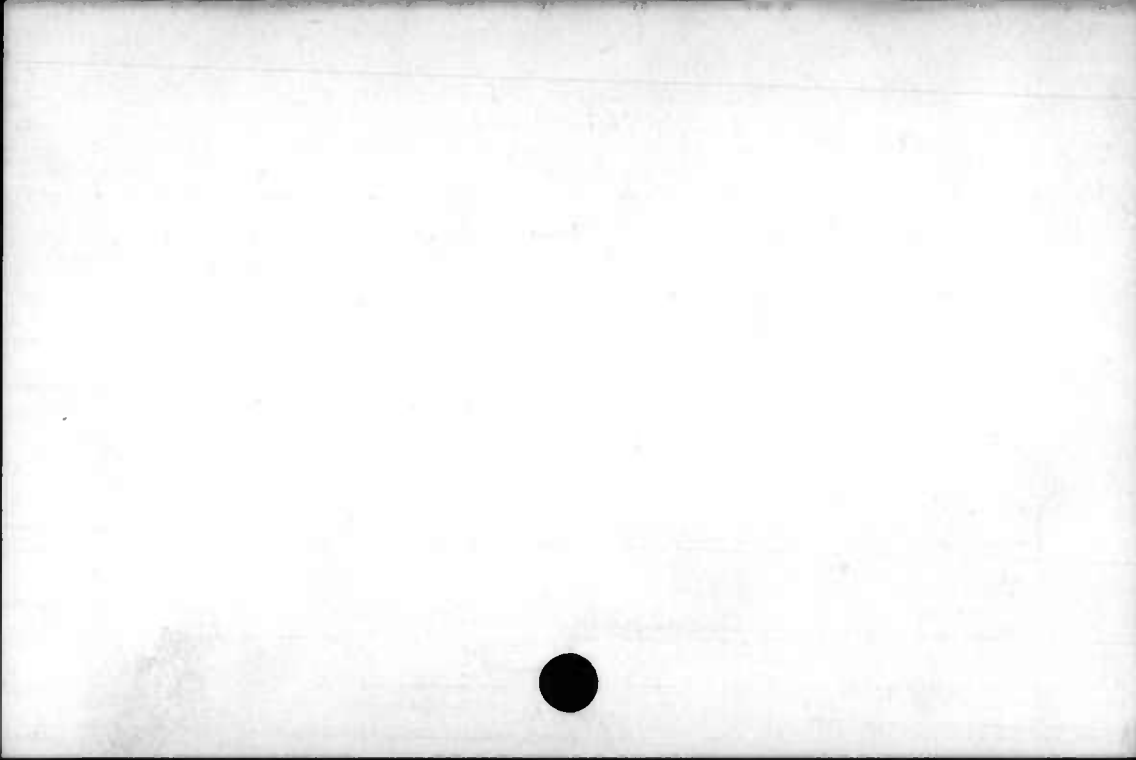
Immediate *Arteriosclerosis* How long

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *Wm B Rogers MD*

Address *Ellicott City MD*

Accident or Suicide?



Name  
in  
FullTO BE ANSWERED BY  
NEAREST FRIEND

## CERTIFICATE OF DEATH

MARYLAND

Died at *Cumtuck* <sup>Town</sup>*allegany* <sup>County</sup>Date  
of death 1903Month  
*Nov.*Day  
*21*

Age

Years  
*5*

Months

Days

Sex

*Female*Color or  
Race*White*Birth-  
place*MD*Married, Single  
or Widowed*Single*

Occupation

*Child*Name of Wife or  
HusbandFether's  
Name*Josh Serris*Father's  
Birthplace*MD*Mother's  
Maiden Name*Kate Hall*Mother's  
Birthplace*MD*Name of person giving  
In formation*Josh Serris*How related  
to deceased*Son*

## CAUSES OF DEATH

Primary

*Diphtheria*

How long

*24 days*

Immediate

*cramp & exhaustion*

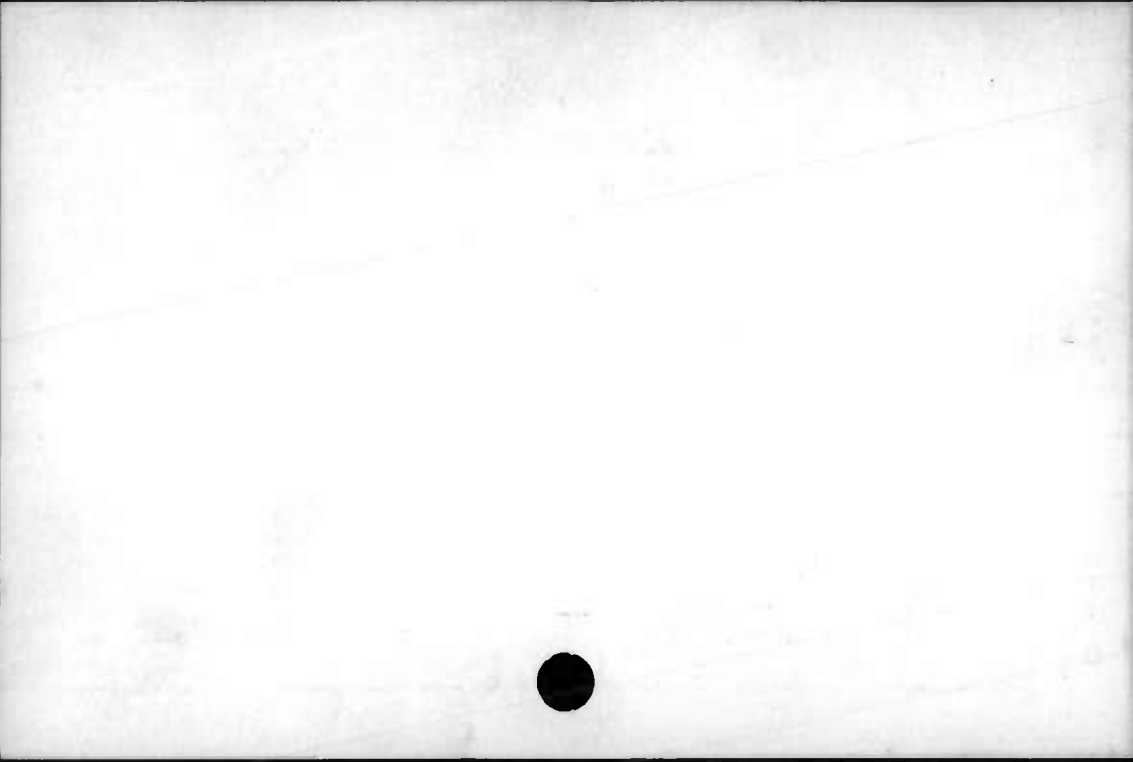
How long

Are the name, age, sex, color, date  
and place correctly given above?Signature of  
Physician*Thos. H. Brown*

Address

*Cumtuck MD*

Accident or Suicide?



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full <i>Mary A McCaffray</i>		Town <i>Mt Hope</i>		County <i>Baltimore</i>		MARYLAND	
Died at <i>Mt Hope</i>		Month <i>Nov</i>		Day <i>2nd</i>		Years <i>73</i>	
Date of death <i>1903</i>		Months		Days			
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Baltimore</i>			
Occupation <i>Wife of Machinist</i>				Where Residing if not at place of death <i>526 N. Monroe St</i>			
Married, Single or Widowed <i>Widow</i>		Name of Wife or Husband					
Father's Name		154		Father's Birthplace <i>Ireland</i>			
Mother's Maiden Name				Mother's Birthplace <i>" "</i>			
Name of person giving Information <i>Niece Mt Hope</i>				How related to deceased <i>Niece</i>			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Senile Dementia - Gen Paralysis</i>		How long <i>9 yrs -</i>	
Immediate <i>EX -</i>		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>Frank J. Flannery</i>	
		Address <i>Mt Hope Reisterstown</i>	
Accident or Suicide?			



Name In Full

Certificate of Death

John McVey

Town

County

Died at

MARYLAND

Date 1903 Nov 26

Month Day Y. M. D.

Age 58 years

Native of Md

Occupation Farmer

Male White Married Widow Divorced

~~Female~~ ~~Colored~~ ~~Single~~ ~~Widower~~

Number of children living 7

Husband  
of  
WifeFather's  
Name

Mother's

Maiden Name

Cause of

Primary

Pulmonary Tuberculosis

How long sick

3 years

Death

Immediate

Accident, Suicide, Homicide

Reported by

C. V. McVey M.D.

Address

Rossview Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full		Louisa Agnes Mahoney -				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND		Died at <sup>Town</sup> Highlandtown		County Balto		MARYLAND		
		Date of death 1903		Month 11	Day 21	Age 9	Months	Days
		Sex Female		Color or Race White		Birth-place Balto		
		Occupation		Where Residing if not at place of death		1209 First St		
		Married, Single or Widowed Single		Name of Wife or Husband				
PHYSICIAN OR CORONER		Father's Name Thomas W. Mahoney		Father's Birthplace Md				
		Mother's Maiden Name Catharine Kennedy		Mother's Birthplace Md				
		Name of person giving information Joseph W. Mahoney		How related to deceased Brother				
CAUSES OF DEATH								
PHYSICIAN OR CORONER		Primary Typhoid Fever			How long 3 weeks			
		Immediate Exhaustion			How long 6 hours			
		Are the name, age, sex, color, date and place correctly given above? Yes			Signature of Physician Jas. L. Gorman			
					Address 3 Ans South Highlandtown			
		Accident or Suicide?						

St Patrick's Cemetery  
H. Sander & Sons

Name

in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

*John Manguso*

Died at *Mt. Hope Sta.* *Baltimore* *Maryland*

Date of death 190*3* Month *11* Day *18* Age *25* Years Months *—* Days *—*

Sex *male* Color or Race *white* Birth-place *Italy*

Married, Single or Widowed *married* Occupation *Fruit Dealer*

Name of Wife or Husband *Josephine Ruggiera*

Father's Name *John Manguso* Father's Birthplace *Italy*

Mother's Maiden Name *Josephine Ruggiera* Mother's Birthplace *Italy*

Name of person giving information *D. Misic* How related to deceased *166*

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary *Chloroform accident* How long

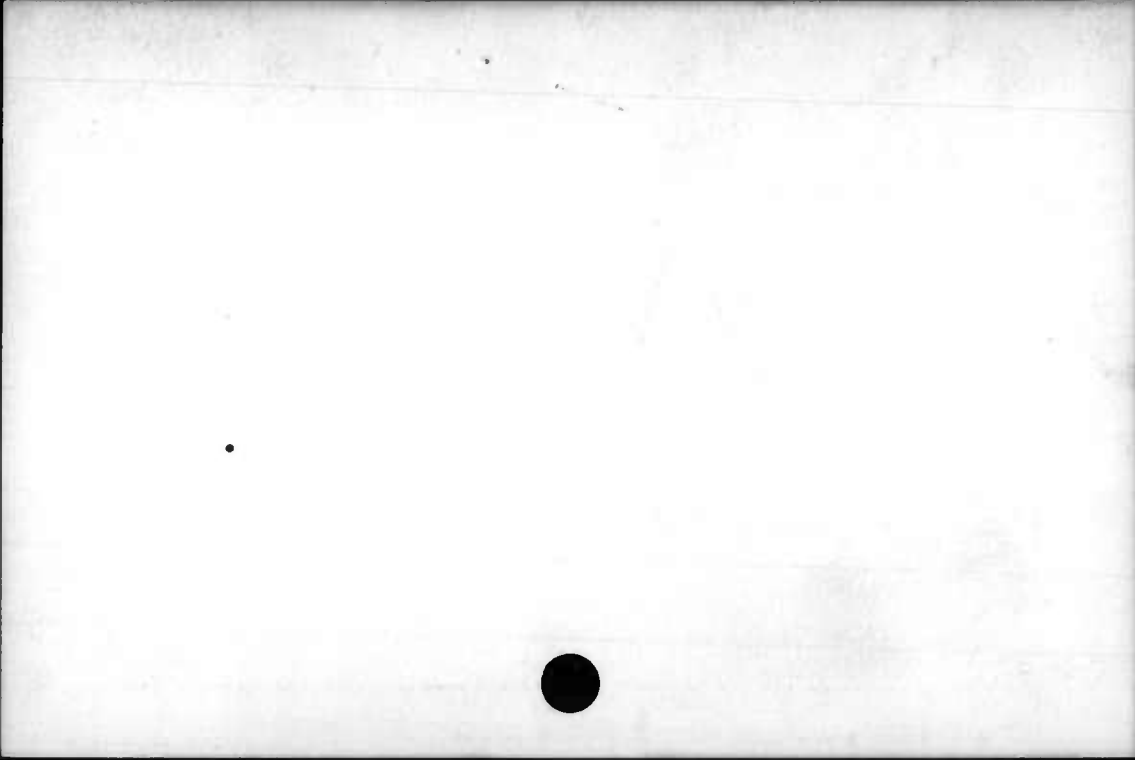
Immediate How long

Are the name, age, sex, color, date and place correctly given above? *Copy*

Signature of Physician *R. H. Bevan*

Address *Coroner*

Accident or *Chloroform*



Name in Full

Certificate of Death

Amos Marshall

Town

County

Died at

MARYLAND

Date 1903

Month

Day

Y.

M.

D.

Native of

Occupation

Nov. 7<sup>th</sup>

Age

60

Mass.

Boiler maker

Male

White

~~Married~~~~Widow~~~~Divorced~~~~Female~~~~Colored~~~~Single~~

Widower

Number of children living 2 or 3

Husband

of —

Wife

Father's

Name

Mother's

Name

Cause of

Primary

Drowning

TV

How long sick

Death

Immediate

?)

Accident, Suicide, Homicide

Reported by

G. C. McCormick, M.D.

Address

Sparrow Point Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79708



Name in Full <b>Ignatius Martin</b>		CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND	Died at <b>Canton</b> Town		<b>Balto</b> County		<b>MARYLAND</b>
	Date of death 1903	Month <b>Nov.</b>	Day <b>5</b>	Age <b>2</b> Years	Months <b>9</b> Days
	Sex <b>Male</b>	Color or Race <b>white</b>		Birth-place <b>Balto Co Md</b>	
	Married, Single or Widowed <b>Single</b>		Occupation <b>none</b>		
	Name of Wife or Husband <b>None</b>				
	Father's Name <b>Charles J. Martin</b>		Father's Birthplace <b>Germany</b>		
	Mother's Maiden Name <b>Catharine Precht</b>		Mother's Birthplace <b>"</b>		
Name of person giving information <b>Catharine Martin</b>		How related to deceased <b>Mother</b>			
<b>CAUSES OF DEATH</b>					
PHYSICIAN OR CORONER	Primary <b>Duyn</b>		How long <b>1/2 hr</b>		
	Immediate <b>Shock</b>		How long <b>1/2 hr</b>		
	Are the name, age, sex, color, date and place correctly given above? <b>Yes</b>		Signature of Physician <b>Howard E. Hodder M.D.</b>		
			Address <b>736 E. Preston St</b>		
	Accident or Suicide? <b>Accident</b>				

Germania France

Harold Heath, Cur

Name  
in  
Full

Florence Mays

## CERTIFICATE OF DEATH

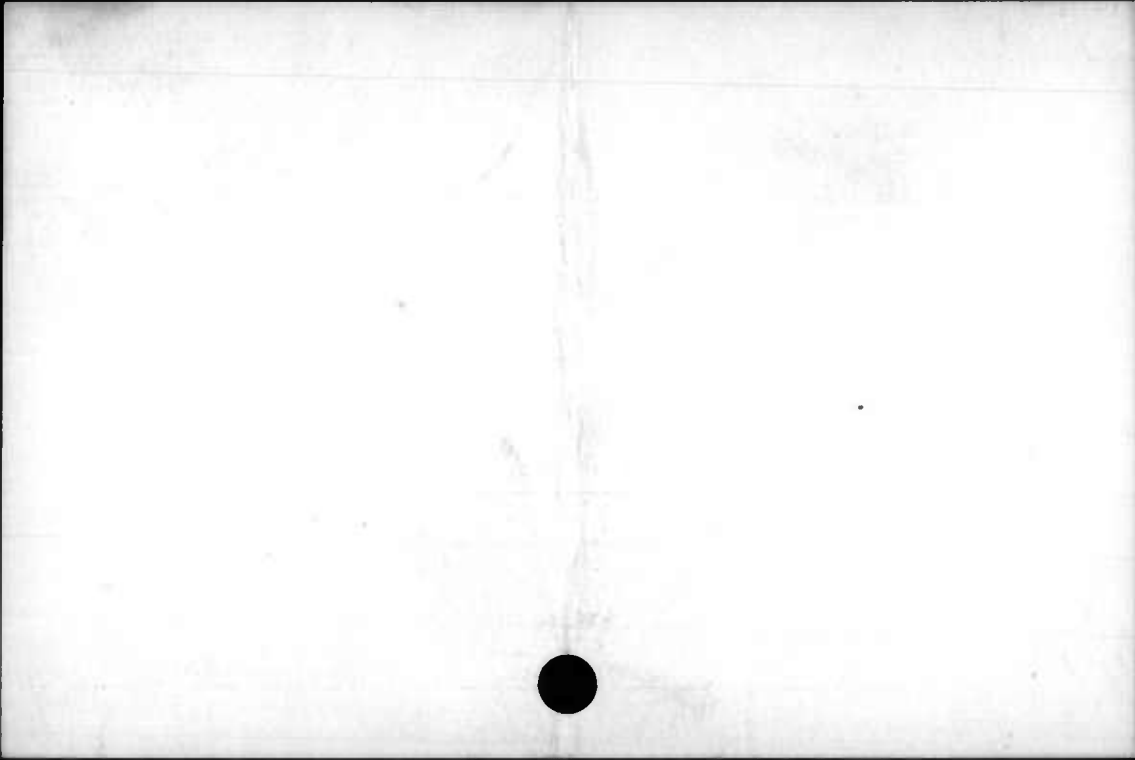
TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town <i>Hereford</i>		County <i>Baltimore</i>		MARYLAND	
Date of death 190		3	Month 11	Day 27	Age Years	9	Months Days
Sex <i>Female</i>		Color or Race <i>White</i>		Birth- place <i>Hereford Md.</i>			
Married, Single or Widowed				Occupation			
Name of Wife or Husband							
Father's Name <i>Charles H Mays</i>				Father's Birthplace <i>Hereford Md.</i>			
Mother's Maiden Name <i>Florence Edick</i>				Mother's Birthplace <i>White Hall "</i>			
Name of person giving In formation <i>Charles H Mays</i>				How related to deceased <i>Father</i>			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Difficult birth</i>		How long <i>5 or 6 hrs</i>
Immediate <i>Asphyxia</i>		How long <i>5-10 minutes</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>A R Mitchee</i>
		Address <i>Hereford Md.</i>
Accident or Suicide?		



Name  
in  
Full

Martha Leonard Merritt

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Highlandtown</u> <sup>Town</sup>		<u>Baltimore</u> <sup>County</sup>		MARYLAND	
Date of death	<u>1903</u> <sup>Month</sup>	<u>Nov.</u> <sup>Day</sup>	<u>30</u> <sup>Years</sup>	Age <u>63</u>	<u>8</u> <sup>Months</sup>
Sex <u>Female</u>	Color or Race <u>Wht.</u>		Birth-place <u>Anne Arundel Co.</u>		
Occupation <u>Housewife</u>	Where Residing if not at place of death				
Married, Single or Widowed <u>Married</u>	Name of Wife or Husband <u>Wm Henry Merritt</u>				
Father's Name <u>John Jacobs.</u>	Father's Birthplace <u>Anne Arundel Co.</u>				
Mother's Maiden Name <u>Martha Watson</u>	Mother's Birthplace <u>Anne Arundel Co.</u>				
Name of person giving information <u>Bertrude Keys</u>	How related to deceased <u>Daughter</u>				

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <u>Tuberculosis</u>	How long <u>10 years</u>
Immediate <u>Cardiac Syncope</u>	How long <u>1 1/2 hours</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>J. Williams</u>
	Address <u>26 N. Patterson St. Ann.</u>
Accident or Suicide? <u>no.</u>	

Armstrong James

@EdasLub @arm

Walter L. Miller

Town

County

MARYLAND

Died at Mt Carmel

Baltimore

1903

Date 189

Month

Day

Y.

M.

D.

Native of

Occupation

Date 189

Nov

14

Age 4

10

—

Mt Carmel

Child

Male

White

~~Married~~~~Widow~~~~Divorced~~~~Female~~~~Colored~~

Single

Widower

Number of children living

Husband  
of

Wife

Father's

Name

Benjamin Miller

Mother's

Name

Cora Stockdale

Cause of

Primary

Diphtheria

9.

Death

Immediate

Collapse

How long sick

12 days

~~Accident, Suicide, Homicide~~

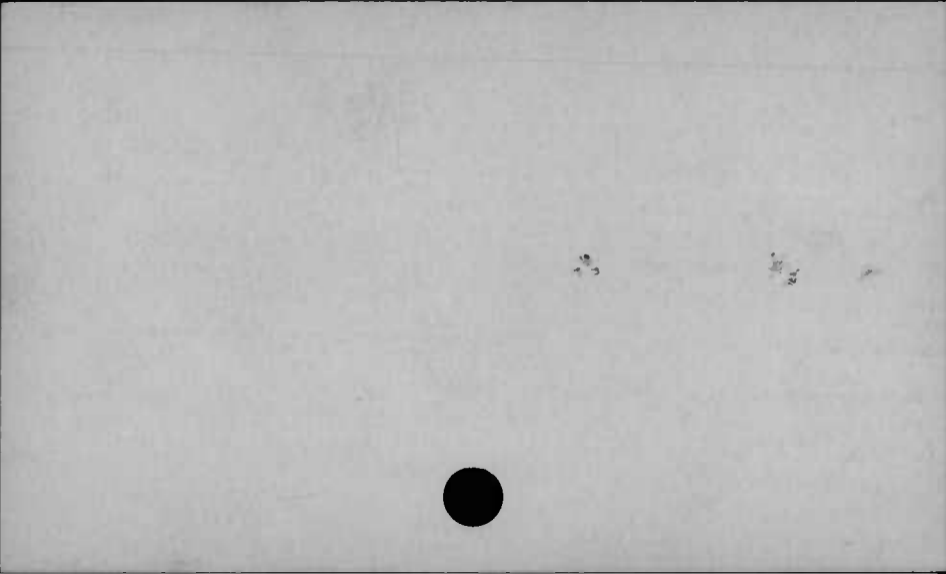
Reported by

B F Price M D

Address

Mt Carmel

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Mary Mitchell

Town

County

Died at

Baltimore

Balto.

MARYLAND

Date

Month

Day

Years

Months

Days

of death 190

3

11

30

Age

24

Sex

Female

Color or  
Race

Colored

Birth-  
place

Md.

Married, Single  
or Widowed

Occupation

Caretaker

Name of Wife or  
Husband

Wm. Mitchell

Father's  
Name

20.

Father's  
BirthplaceMother's  
Maiden Name

Annie Rias

Mother's  
Birthplace

Md.

Name of person giving  
Information

Eugene Simpson

How related  
to deceased

Friend

## CAUSES OF DEATH

Primary

Leptisemia

How long

4 weeks

Immediate

Cardiac Asthenia

How long

20 min.

Are the name, age, sex, color, date  
and place correctly given above?

Yes

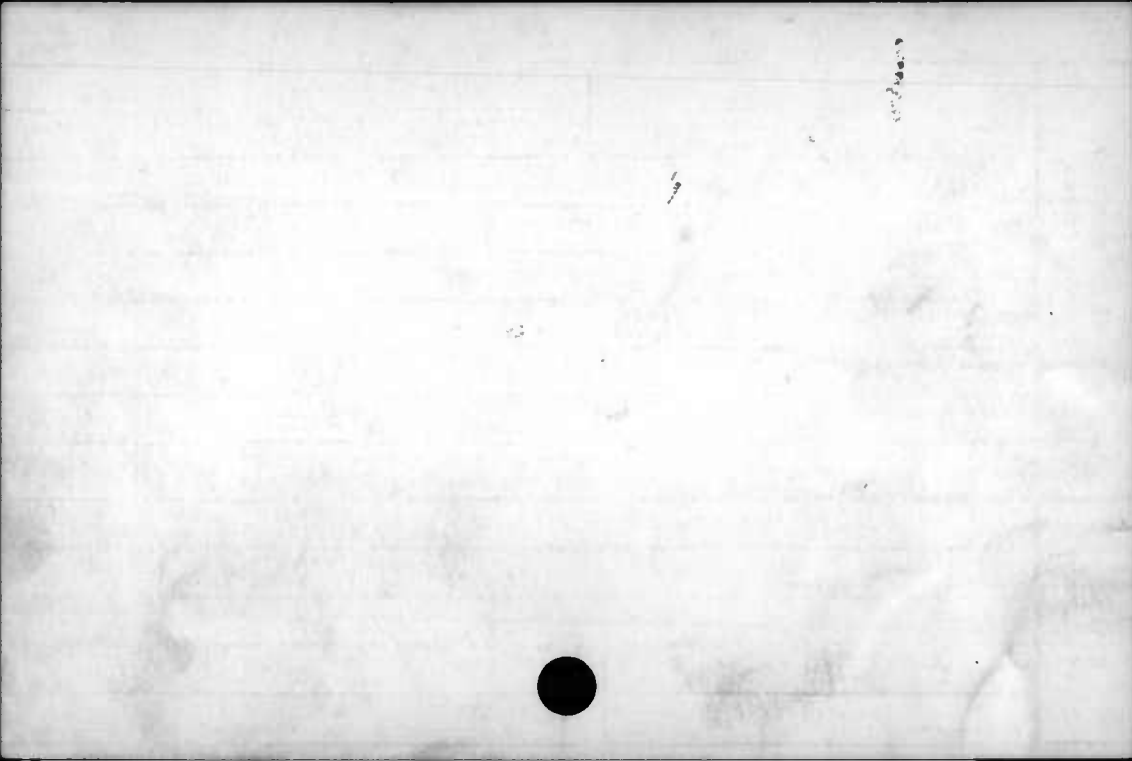
Signature of  
Physician

Address

J. Royce R. R. D.  
Baltimore

Accident or Suicide?

PHYSICIAN  
OR CORONER



Name in Full

Certificate of Death

James Morton (Col.)

Died at Sparrows Point Md.

MARYLAND

1903 11-21 Y. M. D. Age 22 Native of Va. Occupation Laborer

Male ~~White~~ Married ~~Widow~~ Divorced

~~Female~~ Colored Single ~~Widower~~ Number of children living

Husband  
of  
WifeFather's  
NameMother's  
Name

Cause of Primary

How long sick 3 hours

Death Immediate

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79708



Name  
in  
Full

Henry Franklin Mosberger.

## CERTIFICATE OF DEATH

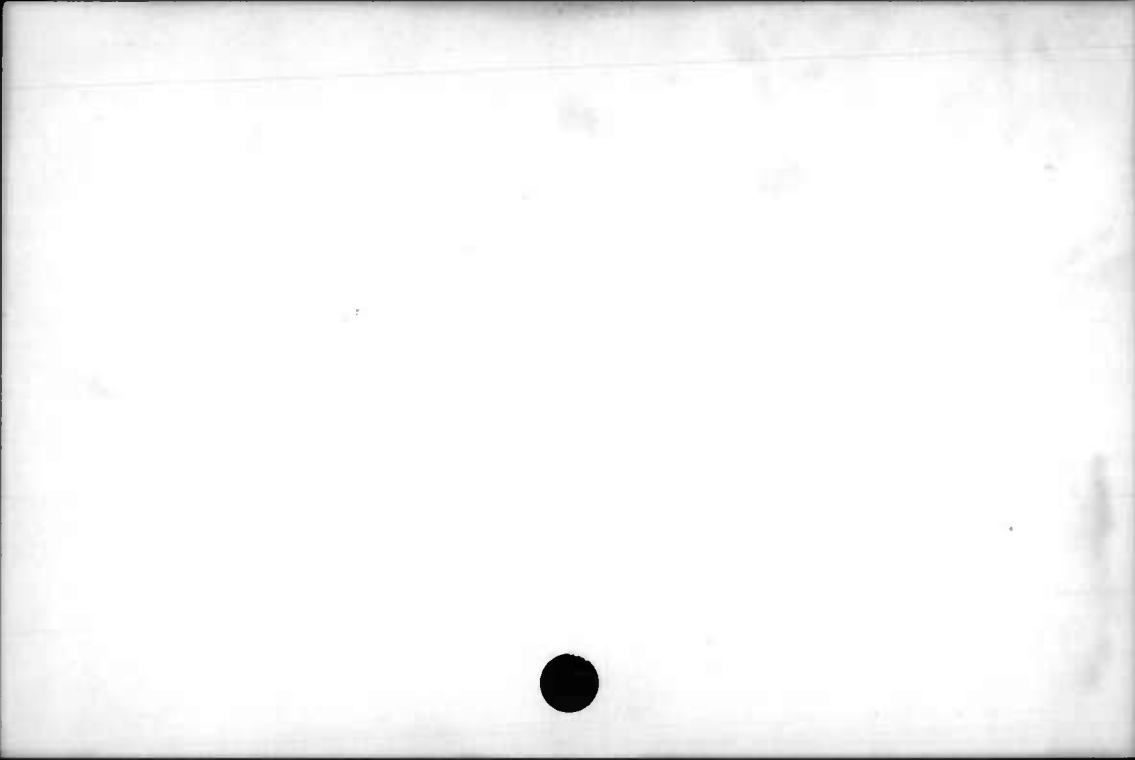
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Catonsville</u> <sup>Town</sup>		<u>Balto</u> <sup>County</sup>		MARYLAND	
Date of death <u>1903</u>	Month <u>Nov</u>	Day <u>13</u>	Age <u>—</u>	Months <u>8</u>	Days <u>—</u>
Sex <u>Male</u>		Color or Race <u>white</u>		Birth-place <u>Catonsville</u>	
Occupation <u>—</u>		Where Residing if not at place of death <u>105</u>			
<del>Married</del> , Single		Name of Wife or Husband <u>—</u>			
Father's Name <u>Edward W Mosberger</u>			Father's Birthplace <u>Balto Co</u>		
Mother's Maiden Name <u>Mary J Esfey</u>			Mother's Birthplace <u>Howard Co</u>		
Name of person giving Information <u>Ed. W Mosberger</u>			How related to deceased <u>Father</u>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <u>Ileo colitis</u>	How long <u>2 mos.</u>
Immediate <u>Asthemic</u>	How long <u>—</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>Marshall B West</u>
	Address <u>Catonsville</u>
	<u>Md</u>
Accident or Suicide? <u>—</u>	



Name  
in  
Full

John Emmet Muttie

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Glyndon</i> Town		<i>Baltimore</i> County		MARYLAND	
Date of death 190 <i>3</i>	Month <i>Nov.</i>	Day <i>5</i>	Age <i>29</i> Years	Months <i>7</i>	Days <i>5</i>
Sex <i>Male</i>	Color or Race <i>White</i>	Birth-place <i>Baltimore</i>			
Married, Single or Widowed <i>Married</i>	Occupation <i>Minister</i>				
Name of Wife or Husband <i>Annie Muttie</i>					
Father's Name <i>Norris I. Muttie</i>			Father's Birthplace <i>Baltimore</i>		
Mother's Maiden Name <i>Mary Smith</i>			Mother's Birthplace <i>Baltimore</i>		
Name of person giving information <i>Norris I. Muttie</i>			How related to deceased <i>Father</i>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Laryngeal Subglottic Stenosis</i>	How long <i>1 yr</i>
Immediate <i>Heart Failure</i>	How long <i>6 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>H. M. Seide</i>
	Address <i>Reisterstown</i>
Accident or Suicide?	



Name in Full		Girtrude Holand				CERTIFICATE OF DEATH				
TO BE ANSWERED BY NEAREST FRIEND	Died at		Shanes		Town		Baltimore		County	
	Date of death 190		3 Nov.		Day		22		Age	
	Month		Nov.		Years		13		Months	
	Days		12		Sex		Female		Color or Race	
	Married, Single or Widowed		Single		Occupation		House maid		Birth-place	
	Name of Wife or Husband								Balt. County	
	Father's Name		Bro. Thos. Holand		Father's Birthplace		Harford Co. Md.			
	Mother's Maiden Name		Jessie Guy		Mother's Birthplace		Harford Co. Md.			
Name of person in information		Sylvester Berry		How related to deceased		Cousin				
CAUSES OF DEATH										
PHYSICIAN OR CORONER	Primary		Typhoid Fever				How long		about 3 weeks	
	Immediate		Heart failure				How long		11	
	Are the name, age, sex, color, date and place correctly given above?		Yes				Signature of Physician		L. Nelson Dammick,	
	Accident or Suicide?		Neither				Address		Stewartstown, Penn.	

Send This to Dr. T. C. Baldwin,  
Germville, P.O.,  
Baltimore Co.,  
Md.

Still borns infant

Town

County

Died at Sparrows Point

Baltimore

MARYLAND

Date 1893 Nov. 17<sup>th</sup> Y. M. D. Native of Md. Occupation

Male

White

~~Married~~~~Widow~~~~Divorced~~~~Female~~~~Colored~~

Single

~~Widower~~

Number of children living

Husband of \_\_\_\_\_  
Wife

Father's Name John O'Connor

Mother's Name Bridget O'Connor

Cause of Primary Premature birth

How long sick

Death Immediate

~~Accident, Suicide, Homicide~~

Reported by G. C. McCormick M.D.

Address Sparrows Point  
Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name  
in  
Full

Laurence B. Ohrenschaell

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Roland Park</i>		County <i>Balto.</i>		MARYLAND	
Date of death 190 <i>3</i>	Month <i>Nov</i>	Day <i>6</i>	Age	Months <i>6</i>	Days
Sex <i>male</i>		Color or Race <i>white</i>		Birth-place <i>Roland Park</i>	
Married, Single or Widowed <i>Single</i>			Occupation <i>none</i>		
Name of Wife or Husband <i>Frederick Ohrenschaell</i>					
Father's Name <i>Frederick Ohrenschaell</i>			Father's Birthplace <i>Balto City</i>		
Mother's Maiden Name <i>Sauera Grist</i>			Mother's Birthplace <i>"</i>		
Name of person giving information <i>Frederick Ohrenschaell</i>			How related to deceased <i>son</i>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Insanitation</i>	How long <i>several months</i>
Immediate <i>Insanitation</i>	How long <i>several months</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>W.D. Booker</i>
	Address <i>204 W Monument St Balto</i>
Accident or Suicide?	



Name  
in  
Full

Ferdinand Oleha

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Mt Hope Reformatory</i>		Town <i>Baltimore</i>		County	
Date of death <i>1903</i>	Month <i>Nov</i>	Day <i>4</i>	Years <i>43</i>	Months	Days
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place		
Occupation <i>Tailor</i>			Where Residing if not at place of death		
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband			
Father's Name		<i>qB.</i>		Father's Birthplace	
Mother's Maiden Name				Mother's Birthplace	
Name of person giving Information <i>Rec'd Mt Hope Reformatory</i>		How related to deceased <i>None</i>			

## CAUSES OF DEATH

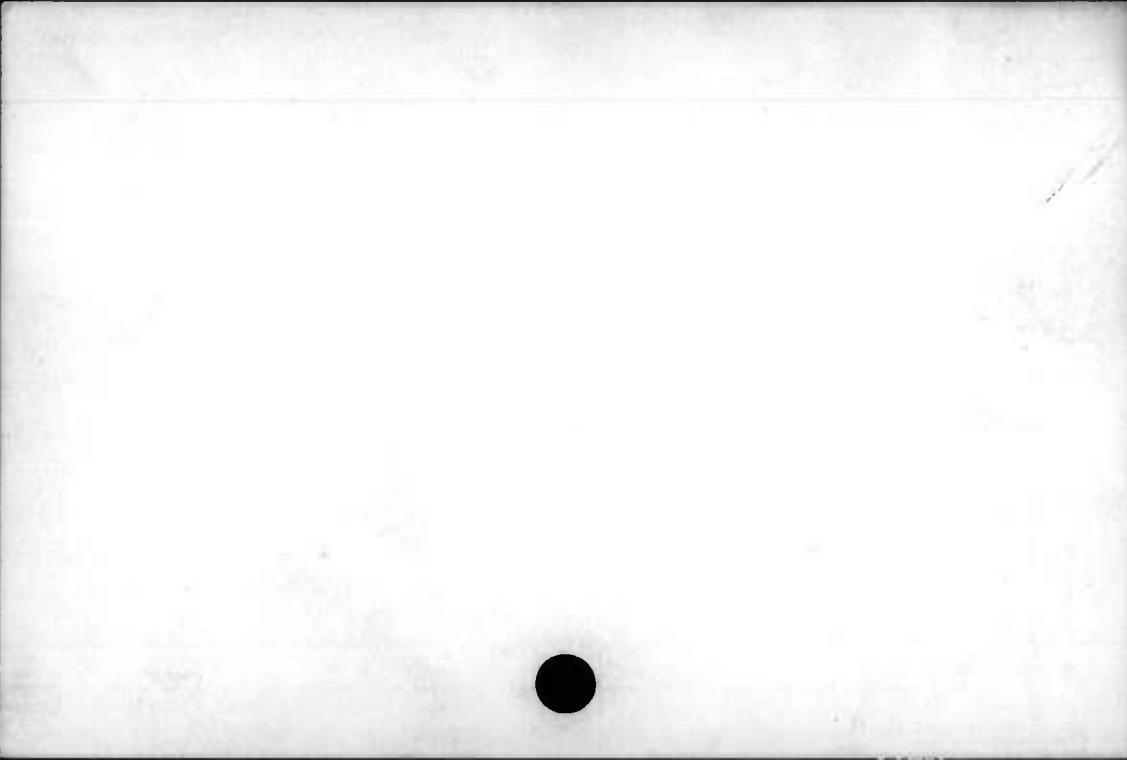
PHYSICIAN  
OR CORONER

Primary <i>Melancholia -</i>	How long <i>at one year</i>
Immediate <i>Ex Pneumonia -</i>	How long <i>7 days -</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Frank J. Flannery</i>
	Address <i>Mt Hope Reformatory - Baltimore Co Md.</i>
Accident or Suicide?	

Frank Coach.

St. - Alphonse Cemetery

Name in Full		Margaret Mary O'Mara				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town <i>Haltershorpe</i>		County <i>Bald</i>		MARYLAND
	Date of death 190 <i>3</i>		Month <i>Nov</i>	Day <i>2</i>	Years <i>30</i>	Months <i>—</i>	
	Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Baltimore</i>		
	Married, Single or Widowed <i>Married</i>		Occupation <i>Housewife</i>				
	Name of Wife or Husband <i>Patrick A O'Mara</i>						Father's Birthplace <i>Ireland</i>
	Father's Name <i>Jos Farrell</i>						
	Mother's Maiden Name <i>Mary Murphy</i>						Mother's Birthplace <i>"</i>
Name of person giving information <i>James J. Farrell</i>						How related to deceased <i>Brother</i>	
<div style="border: 1px solid black; padding: 5px; text-align: center;">CAUSES OF DEATH</div>							
PHYSICIAN OR CORONER	Primary <i>Phthisis Pulmonalis</i>				How long <i>8 months</i>		
	Immediate <i>Diarrhoea - Exhaustion</i>				How long <i>about 4 weeks</i>		
	Are the name, age, sex, color, date and place correctly given above?				Signature of Physician <i>John G. Kelly M.D.</i>		
	<i>Yes</i>				Address <i>714 Frederick Ave Baltimore Md</i>		
Accident or Suicide? <i>—</i>							



Name  
in  
Full

Edward Winfield Pearce

## CERTIFICATE OF DEATH

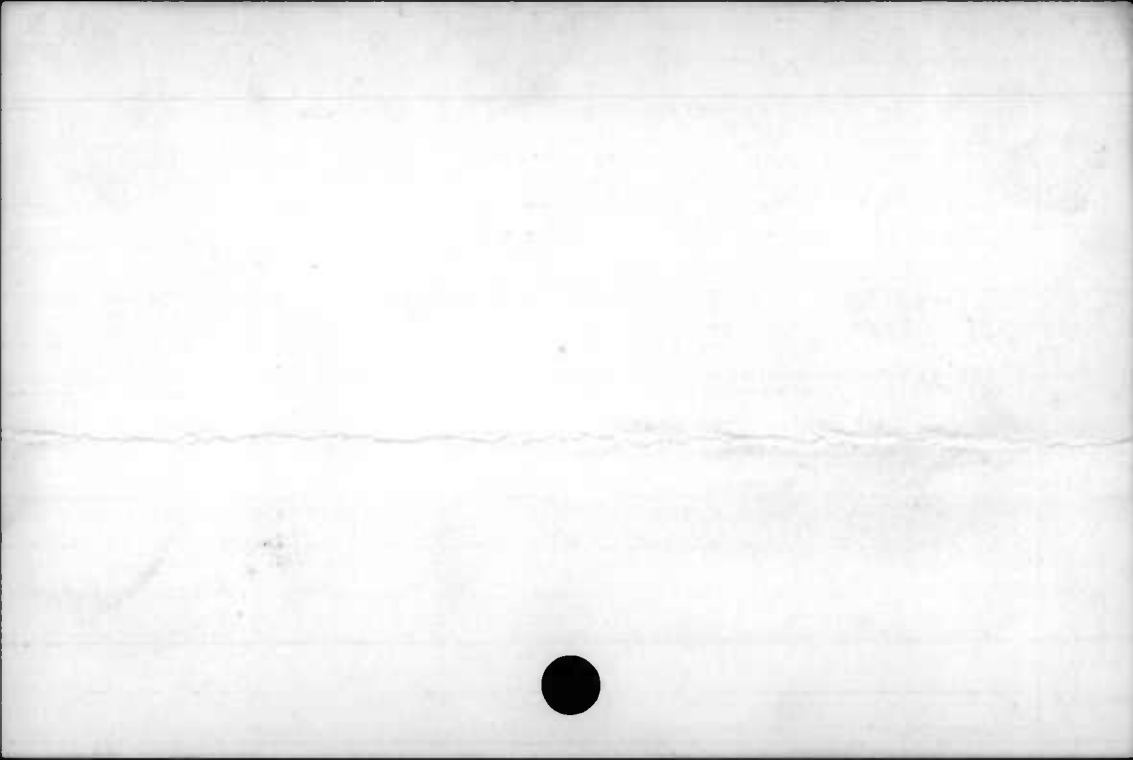
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>St. Washington</i>		County <i>Balto.</i>		MARYLAND	
Date of death 1903	Month <i>11</i>	Day <i>19</i>	Age <i>9</i>	Years <i>7</i>	Months <i>7</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Philopolis -</i>		
Married, Single or Widowed <i>Single</i>		Occupation <i>---</i>			
Name of Wife or Husband <i>---</i>					
Father's Name <i>Beng. Pearce</i>			Father's Birthplace <i>Clear Creek</i>		
Mother's Maiden Name <i>Dora Shepherd</i>			Mother's Birthplace <i>Emmerson</i>		
Name of person giving information <i>Father</i>			How related to deceased <i>---</i>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>diphtheria</i>	How long <i>3 weeks</i>
Immediate <i>Heart Failure Syncope</i>	How long <i>3 hrs -</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Wm. C. Emmer Md.</i>
<i>Jas H. Berber Cor.</i>	Address <i>Cockeysville Md.</i>
Accident or Suicide? <i>---</i>	



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

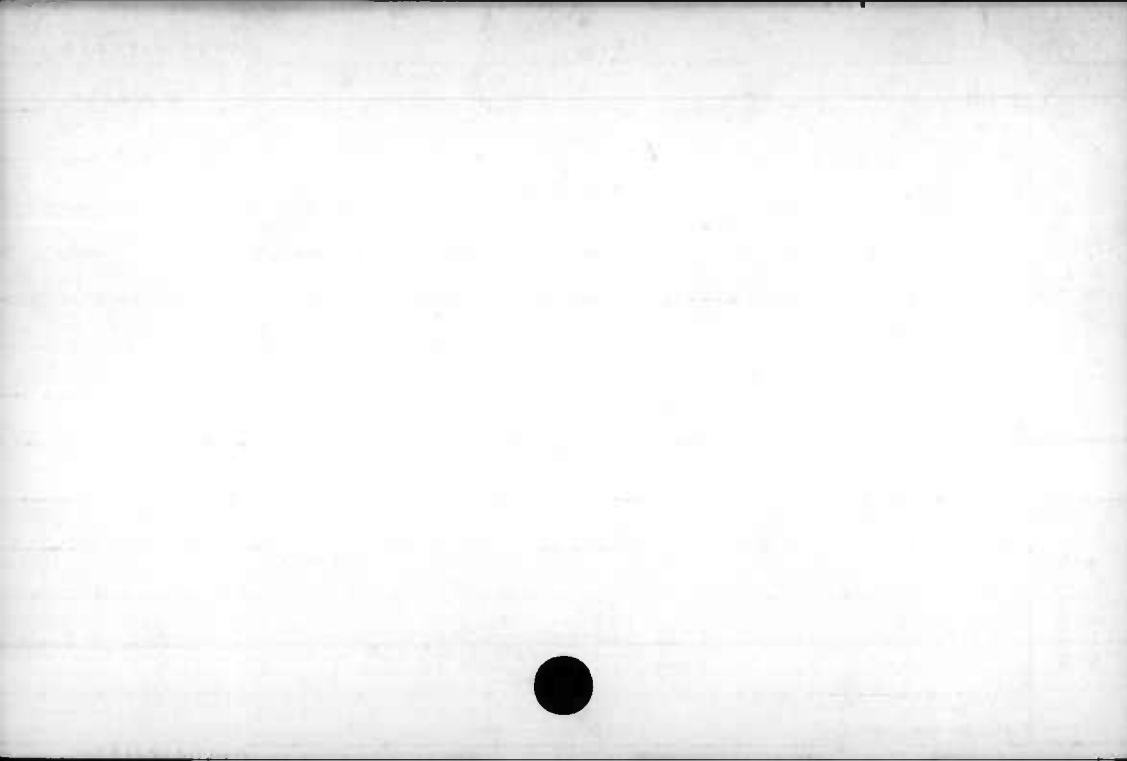
MARYLAND

Died at <u>Hall</u> <sup>Town</sup>		<u>23rd</u> <sup>County</sup>			
Date of death 190	<u>3</u>	Month <u>11</u>	Day <u>7</u>	Age <u>105</u>	Years <u>—</u>
Sex <u>Female</u>	Color or Race <u>White</u>		Birth-place <u>Morris Hall</u>		Months <u>—</u>
Married, Single or Widowed <u>Single</u>			Occupation <u>—</u>		
Name of Wife or Husband <u>—</u>					
Father's Name <u>Edward Phibbs</u>			Father's Birthplace <u>Ind</u>		
Mother's Maiden Name <u>Ida Phibbs</u>			Mother's Birthplace <u>Ind</u>		
Name of person giving Information <u>Edw Phibbs</u>			How related to deceased <u>none</u>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <u>Cholera infantum -</u>	How long <u>124</u>
Immediate <u>Aschemia</u>	How long <u>1 day</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>Frank R. Reed</u>
	Address <u>Truman</u>
Accident or Suicide? <u>—</u>	



Name  
in  
Full

Mary C. Pitsch

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Park Town</i>		County		MARYLAND	
Date of death 190 <i>3</i>	Month <i>Nov</i>	Day <i>7</i>	Age <i>73</i>	Months	Days
Sex <i>Female</i>	Color or Race <i>White</i>	Birth-place <i>Balto</i>			
Married, Single or Widowed <i>Widow</i>	Occupation <i>Housewife</i>				
Name of Wife or Husband <i>Mary C. Pitsch</i>					
Father's Name <i>Chas Miller</i>			Father's Birthplace <i>Balto</i>		
Mother's Maiden Name <i>Mary Himmring</i>			Mother's Birthplace <i>Balto</i>		
Name of person giving information <i>T A Pitsch</i>			How related to deceased <i>Son</i>		

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Acute Indigestion</i>	How long <i>One hour</i>
Immediate <i>Cardiac Paralysis</i>	How long <i>five minutes</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>L. Gibbons Smith MD</i>
	Address <i>Roland Park</i>
Accident or Suicide?	



Name in Full

Certificate of Death

Died at

Date 19

Husband

Wife

Father's

Name

Cause of

Death

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Town

County

MARYLAND

Month

Day

Y.

M.

D.

Native of

Occupation

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

of

Maiden Name

Mother's

Primary

Immediate

How long sick

Accident, Suicide, Homicide

Address

med

LIBRARY BUREAU, 70069

Please fill out permits for  
Forsters Cemetery Oberdorf.

Oblige

W. C. Brooks

Name  
in  
Full

Frederick Rippel

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at

Canton

Town

Balto.

County

MARYLAND

Date

of death 1903

3

Month

Nov.

Day

3

Age

Years

2

Months

3

Days

3

Sex

Male

Color or  
Race

White

Birth-  
place

Balto.

Married, Single  
or Widowed

Single

Occupation

Name of Wife or  
HusbandFather's  
Name

Wigand Rippel

Father's  
Birthplace

Germany

Mother's  
Maiden Name

Mandy Bohle

Mother's  
Birthplace

Balto.

Name of person giving  
In formation

Wigand Rippel

How related  
to deceased

Father.

## CAUSES OF DEATH

Primary

Pneumonia

How long

93

4 days

Immediate

Are the name, age, sex, color, date  
and place correctly given above?

yes

Signature of  
Physician

E. J. Williams

Address

1614 Chesapeake St.

PHYSICIAN  
OR CORONER

Accident or Suicide?

Mr. William ~~\_\_\_\_\_~~

1st Evangelical Church  
Harden ton

Name  
in  
Full

Isaac Randall

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>High Church</i> <sup>Town</sup>		<i>Balto</i> <sup>County</sup>		MARYLAND	
Date of death <i>1903</i>	Month <i>11</i>	Day <i>3</i>	Age <i>54</i> <sup>Years</sup>	Months <i>11</i>	Days <i>22</i>
Sex <i>Male</i>		Color or Race <i>white</i>		Birth-place <i>Balto</i>	
Occupation			Where Residing if not at place of death		
Married, Single or Widowed <i>married</i>		Name of Wife or Husband <i>Ella Vaughan</i>			
Father's Name		<i>64</i>		Father's Birthplace	
Mother's Maiden Name		Mother's Birthplace			
Name of person giving information <i>Ella Randall</i>				How related to deceased <i>son</i>	

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Apoplexy</i>	How long <i>1 day</i>
Immediate <i>x hemorrhage</i>	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>J. F. Boll</i>
	Address <i>Lansdown</i>
Accident or Suicide?	<i>Yes</i>



Name  
in  
Full

Rev. William Ryan

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Ms Hope Retreat</i>		Town <i>Baltimore</i>		County		MARYLAND	
Date of death <i>1903</i>	Month <i>Nov</i>	Day <i>4th</i>	Age <i>77</i>	Years	Months	Days	
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place				
Occupation <i>Catholic Clergyman</i>			Where Residing if not at place of death <i>Germanatown Pa.</i>				
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband					
Father's Name			<i>68.</i>		Father's Birthplace		
Mother's Maiden Name			Mother's Birthplace				
Name of person giving Information <i>Reeds Mt Hope Retreat</i>			How related to deceased <i>None</i>				

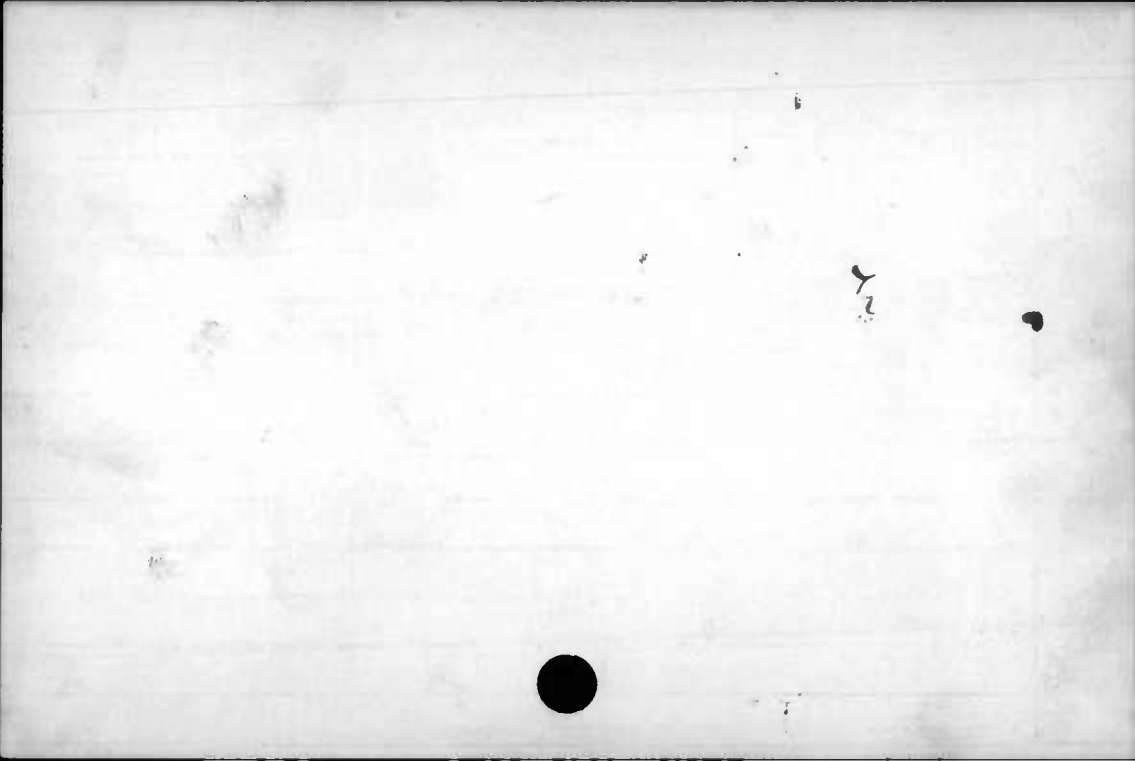
## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Mania Chronic</i>	How long
Immediate <i>Ex-Senility</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Frank J. Flannery</i>
	Address <i>Ms Hope Retreat</i>
	<i>Baltimore, Md.</i>
Accident or Suicide?	



Name in Full		Town				County		CERTIFICATE OF DEATH				
TO BE ANSWERED BY NEAREST FRIEND		Died at		Gorans town		Baltimore		MARYLAND				
		Date of death 190	3	Month	Nov	Day	3	Age	66	Years	Months	Days
		Sex	Male		Color or Race	Col		Birth- place	Virginia			
		Married, <del>Single</del> or <del>Widowed</del>			Occupation	Laborer						
		Name of Wife or Husband	Letitia Sanders									
		Father's Name	Albert Sanders					166	Father's Birthplace	Virginia		
		Mother's Maiden Name	Don't know						Mother's Birthplace	Don't know		
Name of person giving In formation		Jas. Edwards					How related to deceased	Son-in-law				
CAUSES OF DEATH												
PHYSICIAN OR CORONER		Primary					How long					
		Accident by Bank falling on the man					1 day					
		Immediate					How long					
		Paralysis					a few hours					
		Are the name, age, sex, color, date and place correctly given above?					Signature of Physician					
							Address					
							E. H. Duncan					
							Gorans town Md					
		Accident <del>or</del> ?										



Name  
in  
Full

CERTIFICATE OF DEATH

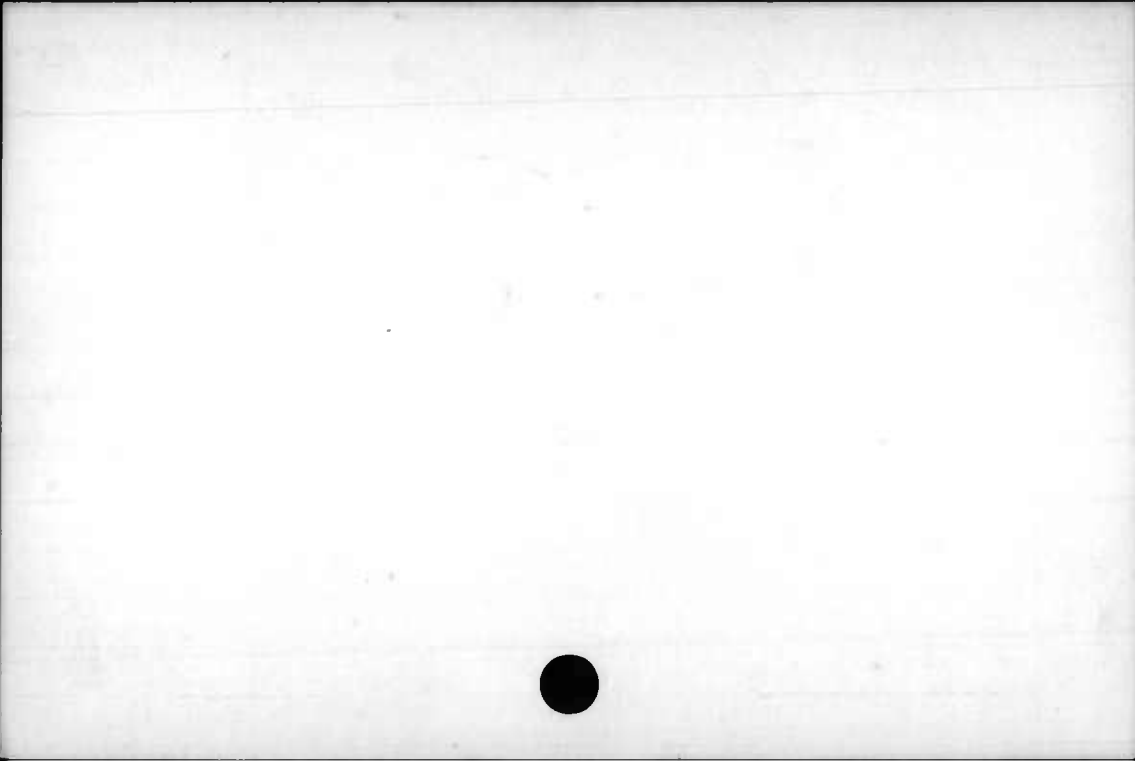
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Catonville</i> Town		<i>Schatz</i> County		MARYLAND	
Date of death 1903	Month <i>Nov</i>	Day <i>6</i>	Age	Years	Months
Sex <i>Female</i>	Color or Race <i>White</i>	Birth-place <i>Catonville</i>		Occupation	
Married, Single or Widowed			Occupation		
Name of Wife or Husband					
Father's Name <i>Jorge M Schatz</i>			Father's Birthplace <i>Catonville</i>		
Mother's Maiden Name <i>Mollie E Hoyle</i>			Mother's Birthplace <i>IL</i>		
Name of person giving information <i>Jorge M Schatz</i>			How related to deceased <i>Father</i>		

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Still born</i>	How long
Immediate	<i>-</i>	How long
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician <i>J. Chatregerie</i>
		Address <i>Catonville</i>
Accident or Suicide?		<i>ma</i>



Name in Full		Barbara Schenk				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND	Died at	Canton		Baltimore		MARYLAND		
	Date of death	1903	Month	Nov.	Day	24	Years	86
	Sex	Female		Color or Race	White		Birth-place	Germany
	Married, Single or Widowed	Widow		Occupation		None		
	Name of Wife or Husband	Martin Schenk						
	Father's Name	don't know				Father's Birthplace	Germany	
	Mother's Maiden Name	don't know				Mother's Birthplace	Germany	
	Name of person giving information	Martin Schenk				How related to deceased	Son	
CAUSES OF DEATH								
PHYSICIAN OR CORONER	Primary	Senility				How long	3 mos.	
	Immediate	Asthma				How long	3 weeks	
	Are the name, age, sex, color, date and place correctly given above?	Yes				Signature of Physician	M. J. McDooy M.D.	
						Address	839 S. Canton St. Baltimore, Md.	
	Accident or Suicide?							

Sacred Heart Cemetery

Nov. 27 <sup>th</sup> 1903

Germanus Traver

Undertaker

Name  
in  
Full

Frank Schlund

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIENDDied at *Highlandtown* Town*Baltimore* County

MARYLAND

Date of death 1903 *Nov.* Month *13* Day *1/2*Age *—* YearsMonths *3*Days *16*Sex *Male*Color or  
Race*white*Birth-  
place*Md.*Married, Single  
or Widowed*single*

Occupation

*None*Name of Wife or  
Husband*—*Father's  
Name*Frank Schlund*Father's  
Birthplace*Md.*Mother's  
Maiden Name*Amie Bauer*Mother's  
Birthplace*Md.*Name of person giving  
Information*Frank Schlund*How related  
to deceased*Father*

## CAUSES OF DEATH

Primary

*Acute Asphritis*

How long

Immediate

*convulsions*

How long

Are the name, age, sex, color, date  
and place correctly given above?*yes*Signature of  
Physician*Ch. H. H. H.*

Address

*2 Hudson St.*~~Accident or Suicide?~~PHYSICIAN  
OR CORONER

Holy Cross Cemetery

Nov. 15<sup>th</sup> 1903

Germanus Thane

Undertaker

Name  
in  
Full

Martha Schriver

## CERTIFICATE OF DEATH

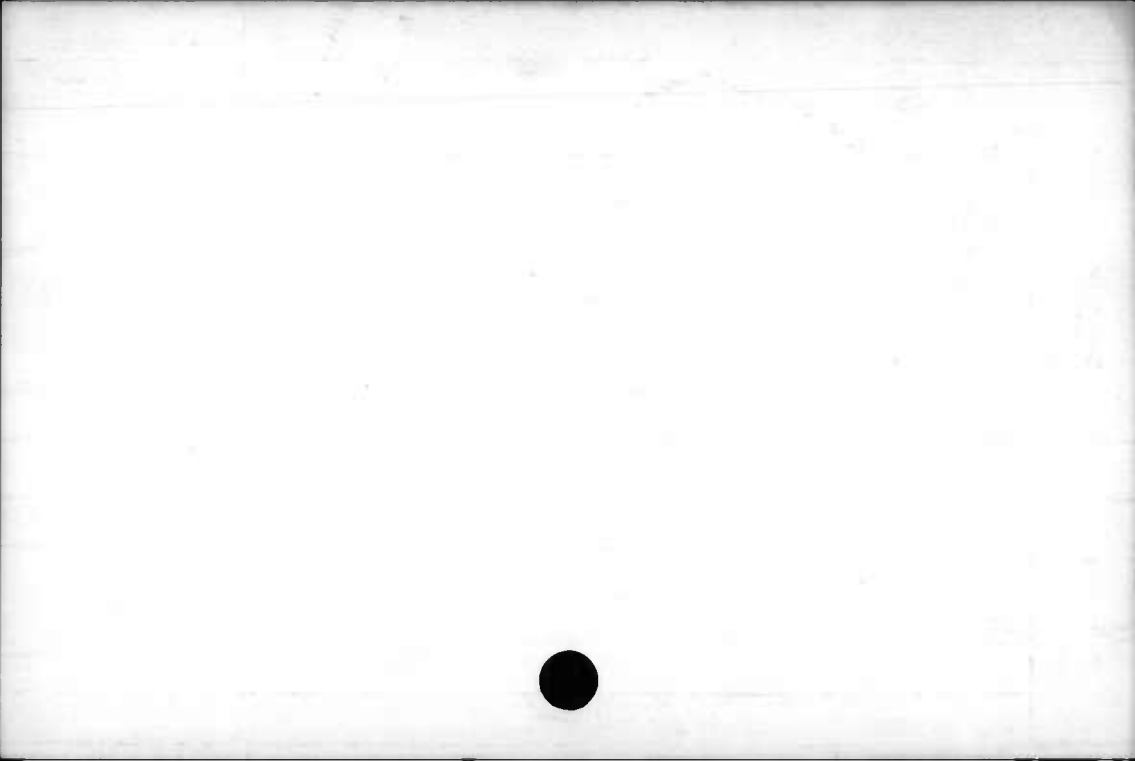
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Glyndon</i> <sup>Town</sup>		<i>Baltimore</i> <sup>County</sup>		MARYLAND	
Date of death 190	<i>3</i> <sup>Month</sup>	<i>Nov</i>	Day <i>6</i>	Years <i>76</i>	Months <i>11</i>
Sex <i>Female</i>	Color or Race <i>white</i>		Birth-place <i>Europe</i>		
Married, Single or Widowed <i>Married</i>		Occupation <i>House wife</i>			
Name of Wife or Husband <i>John C Schriver</i>					
Father's Name <i>Casper Harnick</i>		Father's Birthplace <i>Germany</i>			
Mother's Maiden Name <i>Marie Cook</i>		Mother's Birthplace <i>11</i>			
Name of person giving In formation <i>Margett Schriver</i>		How related to deceased <i>Daughter-in-law</i>			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Senile Decay</i>	How long <i>4</i>
Immediate <i>Heart Failure</i>	How long <i>2 weeks</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Francis</i>
	Address <i>Glyndon Md</i>
Accident or Suicide?	



Name  
in  
Full

Mary, A. Shanks

## CERTIFICATE OF DEATH

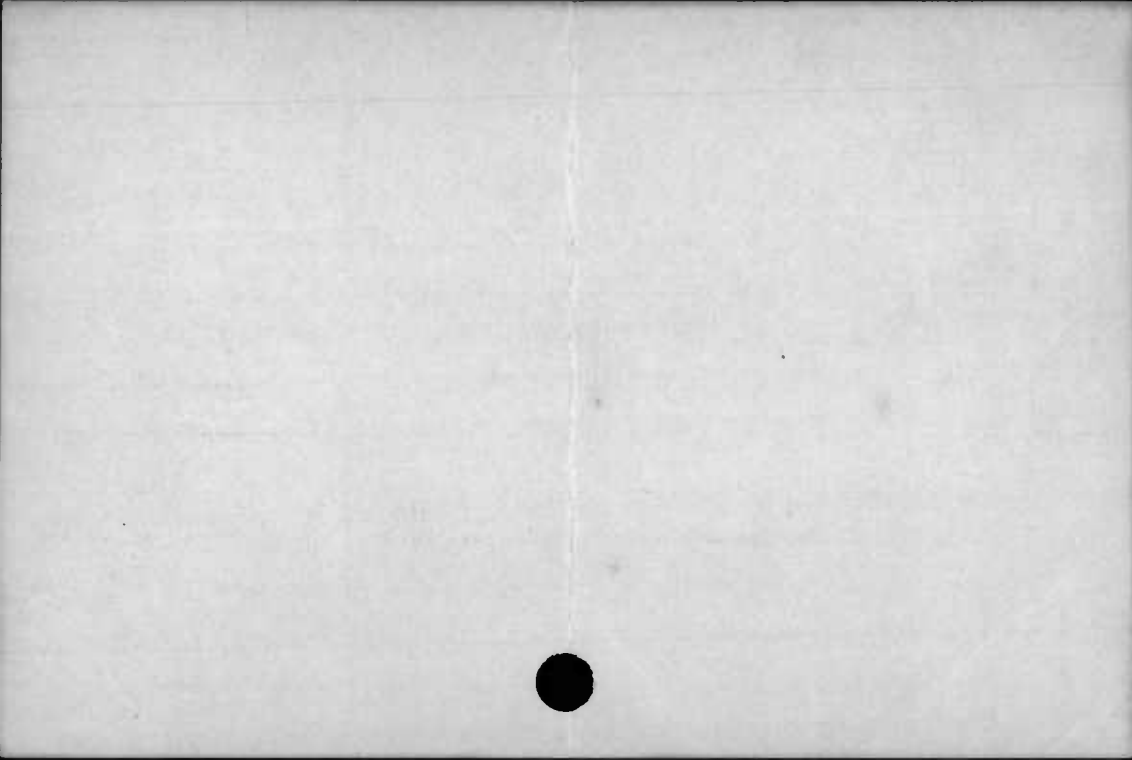
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Mt Washington</i>		County <i>Balto</i>		MARYLAND	
Date of death <i>1903</i>	Month <i>11</i>	Day <i>21</i>	Age <i>2</i>	Months <i>—</i>	Days <i>8</i>
Sex <i>Female</i>	Color or Race <i>white</i>		Birth-place <i>Maryland</i>		
Occupation <i>Child</i>	Where Residing if not at place of death <i>at Place of death</i>				
<del>Married</del> Single	Name of Wife or Husband <i>—</i>				
Father's Name <i>Morris Shanks M. D.</i>	<i>A.</i>			Father's Birthplace <i>Maryland</i>	
Mother's Maiden Name <i>May. D. Shanks</i>				Mother's Birthplace <i>Maryland</i>	
Name of person giving information <i>Morris Shanks M. D.</i>				How related to deceased <i>Father</i>	

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Membranous Croup</i>	How long <i>3 days</i>
Immediate <i>Spasms</i>	How long <i>10 minutes</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Morris Shanks M.D.</i>
	Address <i>Mt Washington</i>
Accident or Suicide? <i>—</i>	



TO BE ANSWERED BY NEAREST FRIEND	Name in Full <i>Charles Henry Shelton</i>				CERTIFICATE OF DEATH			
	Died at <i>Mt Wilson</i>		Town <i>Baltimore</i>		County		MARYLAND	
	Date of death 190 <i>3</i>		Month <i>Nov.</i>		Day <i>17<sup>th</sup></i>		Age <i>14</i>	
	Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Maryland</i>		Months <i>3</i>	
	Married, Single or Widowed <i>Single</i>		Occupation <i>None</i>				Days <i>—</i>	
	Name of Wife or Husband <i>—</i>							
	Father's Name <i>Charles M. Shelton</i>				Father's Birthplace <i>Va.</i>			
	Mother's Maiden Name <i>Sadie Walker</i>				Mother's Birthplace <i>Ind</i>			
Name of person giving information <i>Sadie W. S. Councilman</i>				How related to deceased <i>Mother</i>				

CAUSES OF DEATH			
PHYSICIAN OR CORONER	Primary <i>Pneumonia Chronic</i>		How long <i>about 9 mths</i>
	Immediate <i>Hepatitis</i>		How long <i>about 6 mths</i>
	Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>M. E. Nye</i>
			Address <i>Perkasie</i>
	Accident or Suicide? <i>Neither</i>		

Dr. Wm. F. Pittsford

Name  
in  
Full

Mrs. Mary. Shue

## CERTIFICATE OF DEATH

Pa  
MAR 1910

Died at . Shultz Town

York County

Date

of death 1903

Month

11

Day

14

Age

Years

71

Months

11

Days

13.

Sex

Female

Color or  
Race

White

Birth-  
placeShenandoah County  
York Co Pa~~Married, Single~~  
or Widowed

Occupation

Name of Wife or  
Husband

Isaac. Shue

Father's  
Name

William Keller

Father's  
Birthplace

Germania

Mother's  
Maiden Name

Keller

Mother's  
Birthplace

11

Name of person giving  
Information

William K. Shue. (son)

How related  
to deceased

## CAUSES OF DEATH

Primary

Pleuritis.

How long

3 days

Immediate

Lobar Pneumonia

How long

5 days

Are the name, age, sex, color, date  
and place correctly given above?

yes

Signature of  
Physician

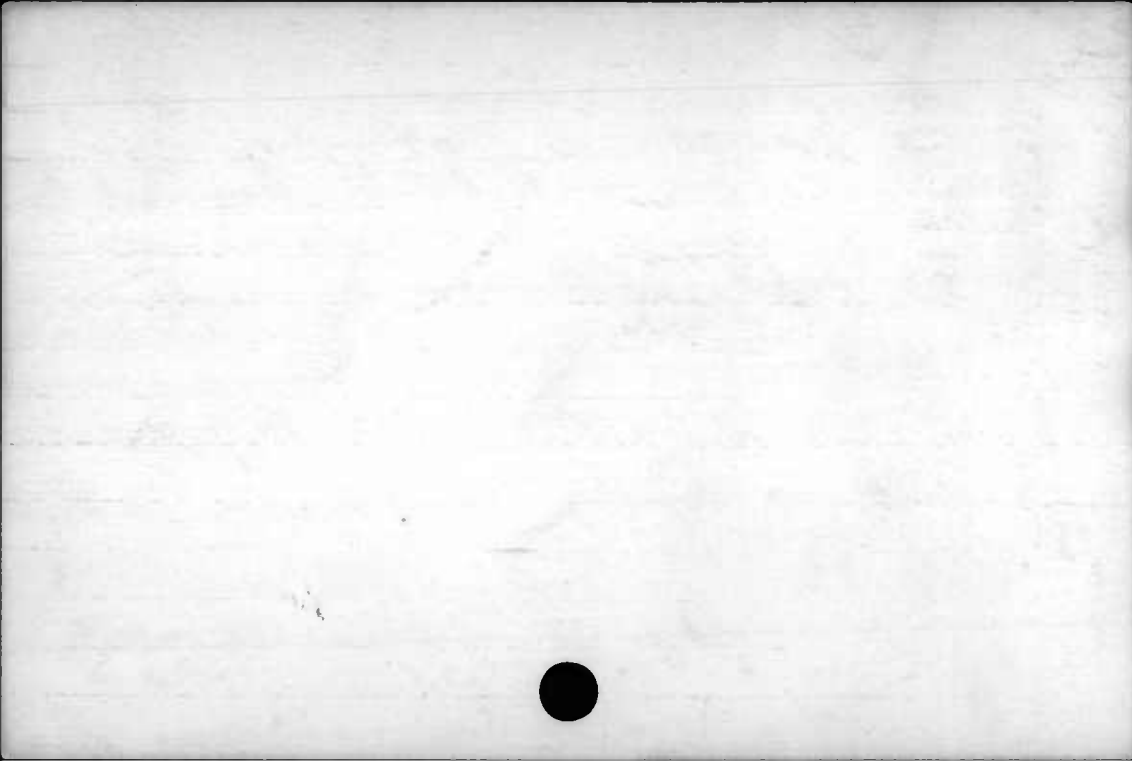
Address

H. L. Smith  
Glen Rock.  
Pa

Accident or Suicide?

\_\_\_\_\_

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER



*Jennies Skippers*

Died at *Luttrell* <sup>Town</sup> *Walto* <sup>County</sup> MARYLAND

Date 19 *03* <sup>Month</sup> *Nov* <sup>Day</sup> *22* | Y. | M. | D. | Native of | Occupation

*7* | *mo* | *infant*

~~Male~~ White ~~Male~~ ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ Single ~~Widower~~ Number of children living

Husband  
of  
Wife

Father's Name *Harry Skippers* Mother's Maiden Name *Hattie M. Hanson*

Cause of Death { Primary *Spina Bifida - not developed* | How long sick *7 days*

Death { Immediate *Letanus* | *N* | Accident, Suicide, Homicide

Reported by *Dr. R. B. Benson*

Address *Luttrell* *mo*



Name  
in  
Full

Charles E. Smith

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Reisterstown</u> <sup>Town</sup>		<u>Baltimore</u> <sup>County</sup>		MARYLAND	
Date of death 190	<u>3</u> <sup>Month</sup>	<u>Nov</u> <sup>Day</sup>	<u>22</u> <sup>Year</sup>	<u>4</u> <sup>Months</sup>	<u>—</u> <sup>Days</sup>
Sex <u>male</u>	Color or Race <u>colored</u>		Birth-place <u>Balto co Md</u>		
Married, Single or Widowed <u>Single</u>		Occupation <u>167</u>			
Name of Wife or Husband <u>—</u>					
Father's Name <u>Richard J. Smith</u>			Father's Birthplace <u>Balto co Md</u>		
Mother's Maiden Name <u>Annie M. Smith</u>			Mother's Birthplace <u>Balto co Md</u>		
Name of person giving information <u>Annie M. Smith</u>			How related to deceased <u>Mother</u>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<u>Accidental Burn</u>	How long	<u>7 days</u>
Immediate	<u>Yes</u>	Signature of Physician	<u>James Gore</u>
Are the name, age, sex, color, date and place correctly given above?		Address	<u>Reisterstown</u>
Accident or Suicide? <u>2</u>			

$$\begin{array}{r}
 5 \quad 500 \quad 200 \\
 10 \quad 200 \\
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 50 \\
 \hline
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 \end{array}$$

250  
20

65.00

10.00

10.00

85.00

3.00  
4.00  
7.00

Name  
in  
Full

NICKEL SMITH

## CERTIFICATE OF DEATH

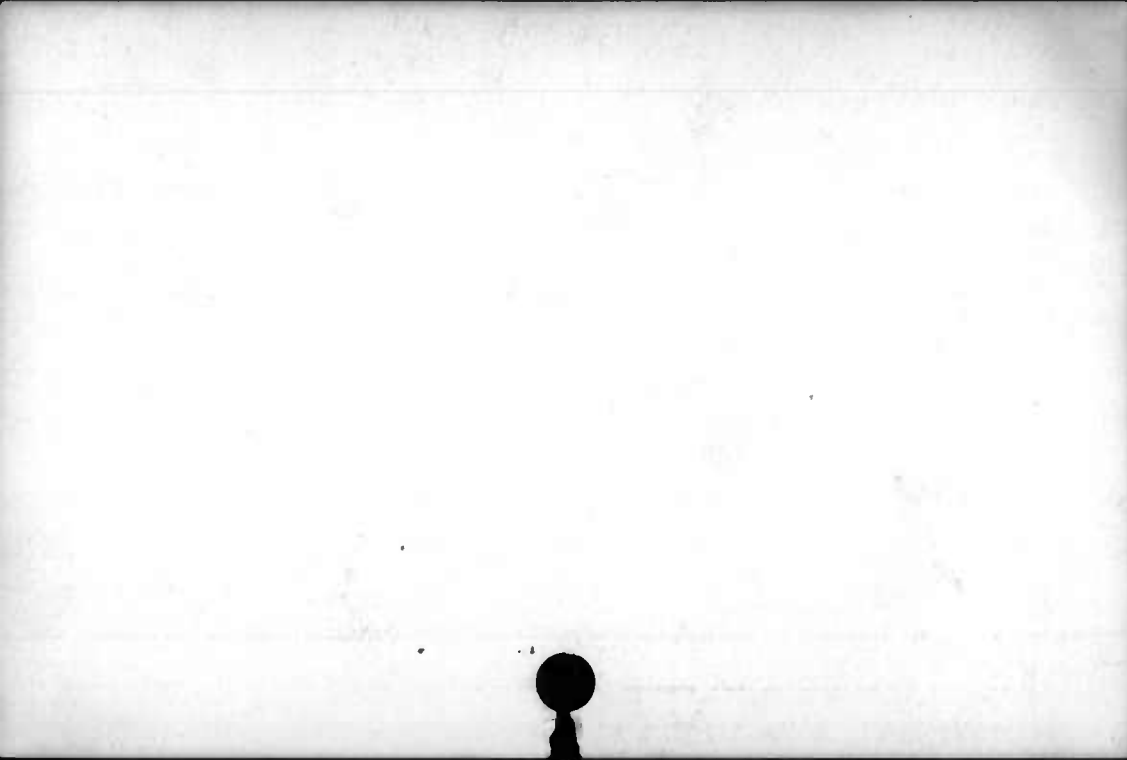
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>West Point</i>		County <i>Baltimore</i>		MARYLAND	
Date of death 190 <i>3</i>		Month <i>Nov</i>	Day <i>6</i>	Age <i>68</i>	Years <i>68</i>
Sex <i>male</i>		Color or Race <i>white</i>		Birth-place <i>Baltimore Co Md</i>	
Married, Single or Widowed <i>married</i>		Occupation <i>Farmer</i>			
Name of Wife or Husband <i>Edith Smith</i>					
Father's Name <i>John Smith</i>				Father's Birthplace <i>—</i>	
Mother's Maiden Name <i>—</i>				Mother's Birthplace <i>—</i>	
Name of person giving information <i>Edith Smith</i>				How related to deceased <i>wife</i>	

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Blow on Head</i>	How long <i>166'</i>
Immediate <i>Cerebral Hemorrhage</i>	How long <i>7 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>H. M. Seader</i>
	Address <i>Reisterstown</i>
Accident or Suicide? <i>—</i>	



Name in Full

Certificate of Death

Sallie Sothoron

Town

County

MARYLAND

Died at

Sparrows Point

Baltimore

Date

903

Month

Day

Y.

M.

D.

Native of

Occupation

Nov. 24<sup>th</sup>

Age 53

Md.

none

~~Male~~

White

~~Married~~~~Widow~~~~Divorced~~

Female

~~Colored~~

Single

~~Widower~~

Number of children living none

Husband

of

Wife

Father's

Name

Benjamin Sothoron

Mother's

Name

Susie F. Sothoron

Cause of

Primary

Mitral regurgitation

and

Chronic Nephritis

Death

Immediate

uraemia

How long sick

6 months

~~Accident, Suicide, Homicide~~

Reported by

G. C. McCormick M.D.

Address

Sparrows Point Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898



Clarence Spicer

Town

County

Died at Carmel

Baltimore -

MARYLAND

1903 Nov 9  
 Date 189 Age 8 10 18  
 Male White ~~Married~~ Widow Divorced  
 Female Colored Single Widower Number of children living

Husband of

Wife

Father's

Name James Spicer

Mother's

Name Temperance Spicer <sup>Lloyd me</sup>

Cause of Primary

Diphtheria

How long sick

6 days

Death Immediate

Heart Failure

Accident, Suicide, Homicide

Reported by

Dr B F Price

Address

Mt Carmel

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name

in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Franklin Town</i>		Town <i>Franklin Town</i>		County <i>Baeto</i>		MARYLAND	
Date of death 1903	Month <i>Nov.</i>	Day <i>21</i>	Age <i>63</i>	Years	Months	Days	
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Germany</i>				
Married, Single or Widowed <i>Married</i>		Occupation <i>Labourer</i>					
Name of Wife or Husband							
Father's Name <i>Indrick Stencel</i>				Father's Birthplace <i>Germany</i>			
Mother's Maiden Name				Mother's Birthplace <i>Germany</i>			
Name of person giving information <i>Michael Stencel</i>				How related to deceased <i>Son</i>			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Chronic Nephritis</i>	How long <i>17 mos</i>
Immediate <i>Syncops</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Samuel McLaughlin</i>
	Address <i>Dickeyville, Ind.</i>
Accident or Suicide?	

New Cathedral Cove

---

Name  
in  
Full

Harry Roosevelt Strwig

## CERTIFICATE OF DEATH

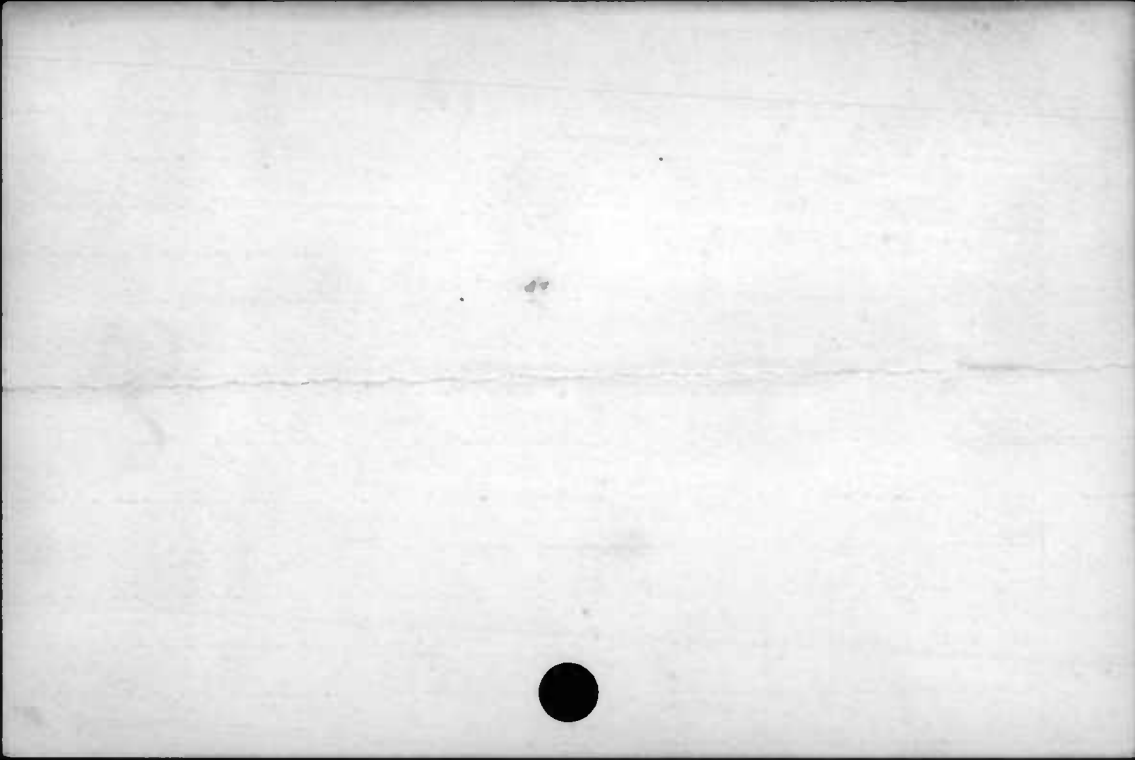
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Grave Run</i>		Town <i>Grave Run</i>		County <i>Balto</i>		MARYLAND	
Date of death 190 <i>3</i>	Month <i>11</i>	Day <i>7</i>	Age <i>—</i>	Years <i>—</i>	Months <i>2</i>	Days <i>29</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Grave Run</i>			
Married, Single or Widowed				Occupation			
Name of Wife or Husband							
Father's Name <i>William Strwig</i>				Father's Birthplace <i>Grave Run</i>			
Mother's Maiden Name <i>Annis Baublitz</i>				Mother's Birthplace <i>Buckleyville Ind</i>			
Name of person giving Information <i>William Strwig</i>				How related to deceased <i>Father</i>			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Emanition</i>	How long <i>1 month</i>
Immediate <i>Heart Failure</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Don Rusk M.D.</i>
	Address <i>Buckleyville Ind</i>
Accident or Suicide?	



Name  
in  
Full

Gough Winn Thompson

## CERTIFICATE OF DEATH

Died at <sup>Town</sup> Chattahoochee<sup>County</sup> Baltimore

MARYLAND

Date  
of death 1903 Nov

Day

19

Age

33

Months

2

Days

—

Sex Male

Color or  
Race

White

Birth-  
place

Maryland

Married, Single  
or Widowed

Married

Occupation

Lawyer

Name of Wife or  
~~Husband~~

Catherine Harrison

Father's  
Name

Bowley Thompson

Father's  
Birthplace

Maryland

Mother's  
Maiden Name

Aechad Carroll Winn

Mother's  
Birthplace

"

Name of person giving  
Information

Robert B. Harrison

How related  
to deceased

Brother-in-law

## CAUSES OF DEATH

Primary

~~Cirrhosis of Liver~~  
~~Hypertension~~ (Hypertension)

How long

?

Immediate

Choleraemia

How long

abt. 2 wks.

Are the name, age, sex, color, date  
and place correctly given above?

Yes

Signature of  
Physician

W. F. LeClerc

Address

S. E. Eager

Accident or Suicide?

No

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER

Dr. Wm F. Lockwood.

St. Thomas Cemetery

Name  
in  
Full

Sarah R. Thompson

## CERTIFICATE OF DEATH

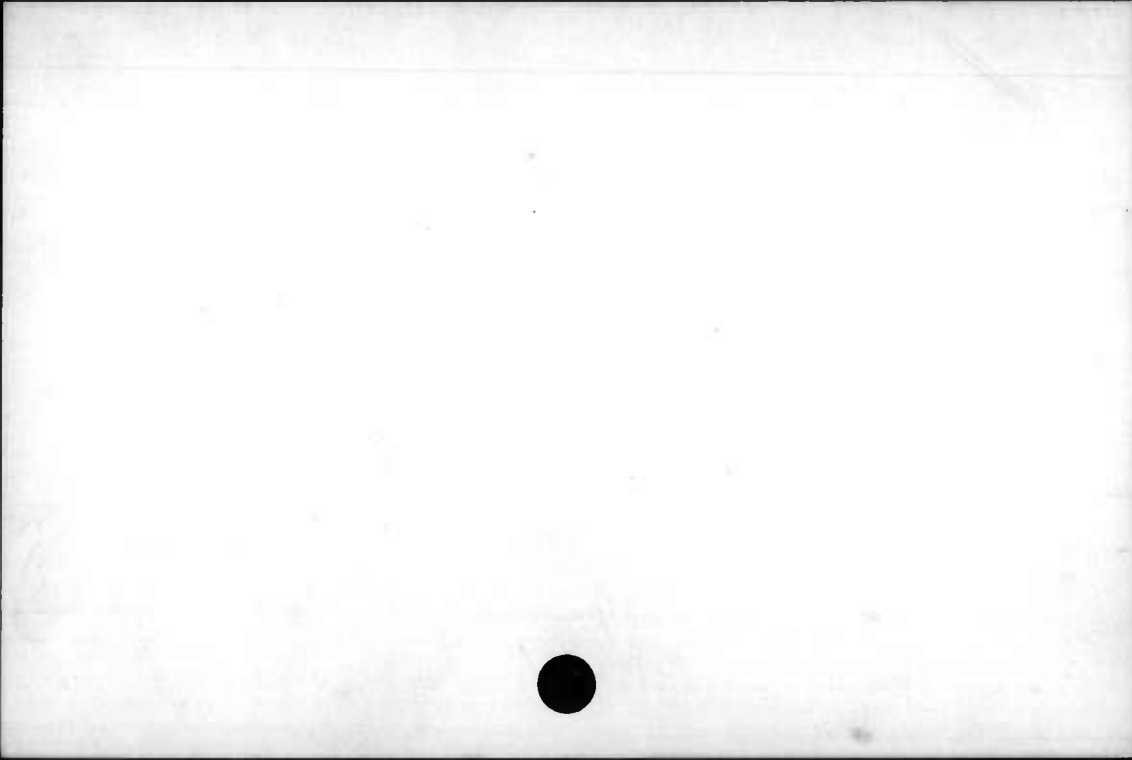
TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town <i>Maryot</i>		County <i>Baltimore</i>		MARYLAND	
Date of death 190	3	Month 11	Day 16	Age Years	Months	Days	
Sex	<i>Female</i>		Color or Race	<i>White</i>		Birth- place	
Married, Single or Widowed				<i>Widowed</i>		Occupation <i>—</i>	
Name of Wife or Husband							
Father's Name						44 Father's Birthplace	
Mother's Maiden Name						Mother's Birthplace	
Name of person giving In formation						How related to deceased	

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Malignant Disease of Face</i>	How long	<i>Three years</i>
Immediate	<i>Laryngeal Obstruction</i>	How long	<i>24 hours</i>
Are the name, age, sex, color, date and place correctly given above?		<i>Yes</i>	
Signature of Physician		<i>A. R. Mitchell,</i>	
Address		<i>Mount Airy, Md.</i>	
Accident or Suicide?			



Name  
in  
Full

Charles Fills

## CERTIFICATE OF DEATH

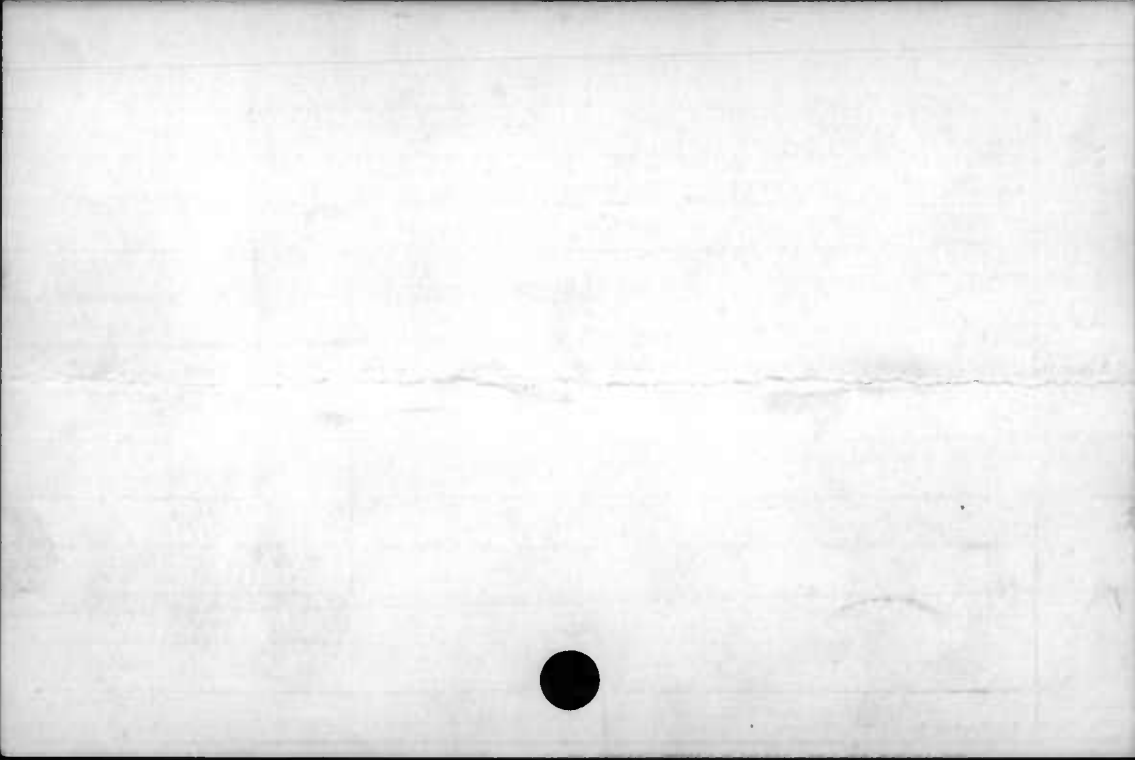
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Lutherville</i> <sup>Town</sup>		<i>Baltimore</i> <sup>County</sup>		MARYLAND	
Date of death 1903	<i>Nov-</i> <sup>Month</sup>	<i>14</i> <sup>Day</sup>	Age <i>75</i> <sup>Years</sup>	<i>8</i> <sup>Months</sup>	<i>—</i> <sup>Days</sup>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Germany</i>		
Married, Single or Widowed <i>Married</i>			Occupation <i>Shoemaker</i>		
Name of Wife or Husband <i>Williamine Hornum</i>					
Father's Name <i>—</i>			Father's Birthplace <i>—</i>		
Mother's Maiden Name <i>—</i>			Mother's Birthplace <i>—</i>		
Name of person giving information <i>Daughter</i>			How related to deceased <i>Daughter</i>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Chronic Bronchitis &amp; Dropsy</i>	How long <i>about three years</i>
Immediate <i>Paralysis of heart</i>	How long <i>a few hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>J. Chalmers Peebles</i>
	Address <i>Lutherville Md</i>
Accident or Suicide?	



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full <i>Frank A. Tierney</i>		Town <i>Mt. Hope</i>		County <i>Baltimore</i>		MARYLAND	
Died at <i>Mt. Hope</i>		Date of death <i>1903</i>		Month <i>Nov</i>		Day <i>19</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Age <i>65</i>		Years <i>65</i>	
Birth- place <i>Philadelphia</i>		Occupation <i>Retired Bank Officer</i>		Where Residing if not at place of death <i>Mt. Hope Retired</i>		Months <i>—</i>	
Married, <del>Single</del> or Widowed <i>Widowed</i>		Name of Wife or Husband <i>My</i>		Name of Wife or Husband <i>Tierney</i>		Days <i>—</i>	
Father's Name <i>—</i>		Father's Birthplace <i>—</i>		Mother's Maiden Name <i>—</i>		Mother's Birthplace <i>—</i>	
Name of person giving Information <i>Charles E. Hise</i>		How related to deceased <i>Physician</i>		74			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Secondary Dementia</i>		How long <i>28 Years</i>	
Immediate <i>Cerebral Tumor</i>		How long <i>Six Months</i>	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>Charles E. Hise</i>	
		Address <i>Mt. Hope Retired</i>	
Accident or Suicide? <i>No</i>		<i>—</i>	

Stewart Mowen

215 Park Ave

Baltimore

To New Cathedral  
Cemetery

Name  
in  
Full

## CERTIFICATE OF DEATH

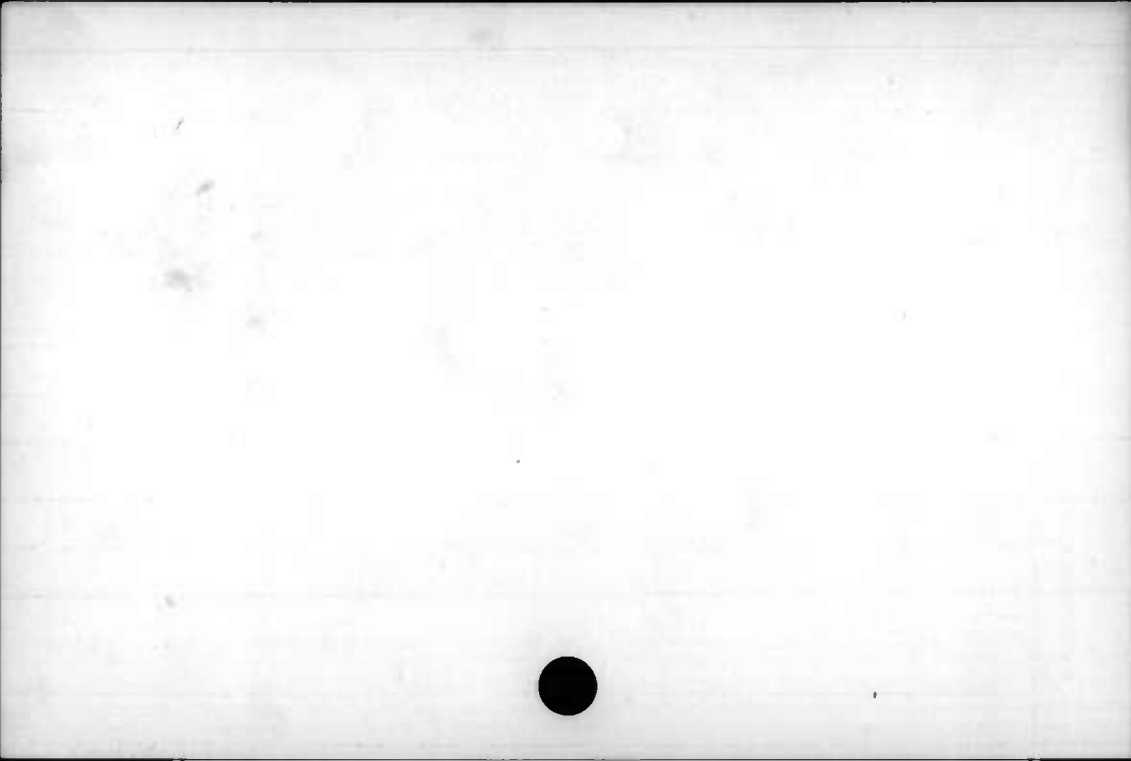
TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date		Month	Day	Age	Months	Days	
Nov. 18		Nov.	16	Years		12	
of death 1903							
Sex		Color or Race		Birth-place			
Male		Colored		Md.			
Married, Single or Widowed		Occupation					
<del>Married</del>		Infant					
Name of Wife or Husband							
Father's Name				Father's Birthplace			
Amos Tyler				Md.			
Mother's Maiden Name				Mother's Birthplace			
Addie Johnson				Md.			
Name of person giving information				How related to deceased			
Emma Johnson				Grand-mother			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Enterocolitis	How long	5 days
Immediate	Cardiac Asthma	How long	2 hours
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		J. Russell Green M.D.	
		Address	
		Towson Md.	
Accident or Suicide?			



Name  
in  
Full

## CERTIFICATE OF DEATH

Lizzie Louise Tyler

Town

County

Died at

Towson

MARYLAND

Date

of death 1903

Month

11

Day

18

Years

1

Age

Months

2

Days

—

Sex

female

Color or  
Race

Caucasian

Birth-  
place

Md.

~~Married, Single~~  
or Widowed

Occupation

Lifeguard

Name of Wife or  
HusbandFather's  
Name

Amos Tyler

Father's  
Birthplace

Md.

Mother's  
Maiden Name

Addie Johnson

Mother's  
Birthplace

Md.

Name of person giving  
Information

Amos Tyler

How related  
to deceased

Father

## CAUSES OF DEATH

Primary

Enterocolitis

How long

24 hours

Immediate

Convulsions

How long

1 hour

Are the name, age, sex, color, date  
and place correctly given above?

yes

Signature of  
Physician

L. Raydon Green, M.D.

Address

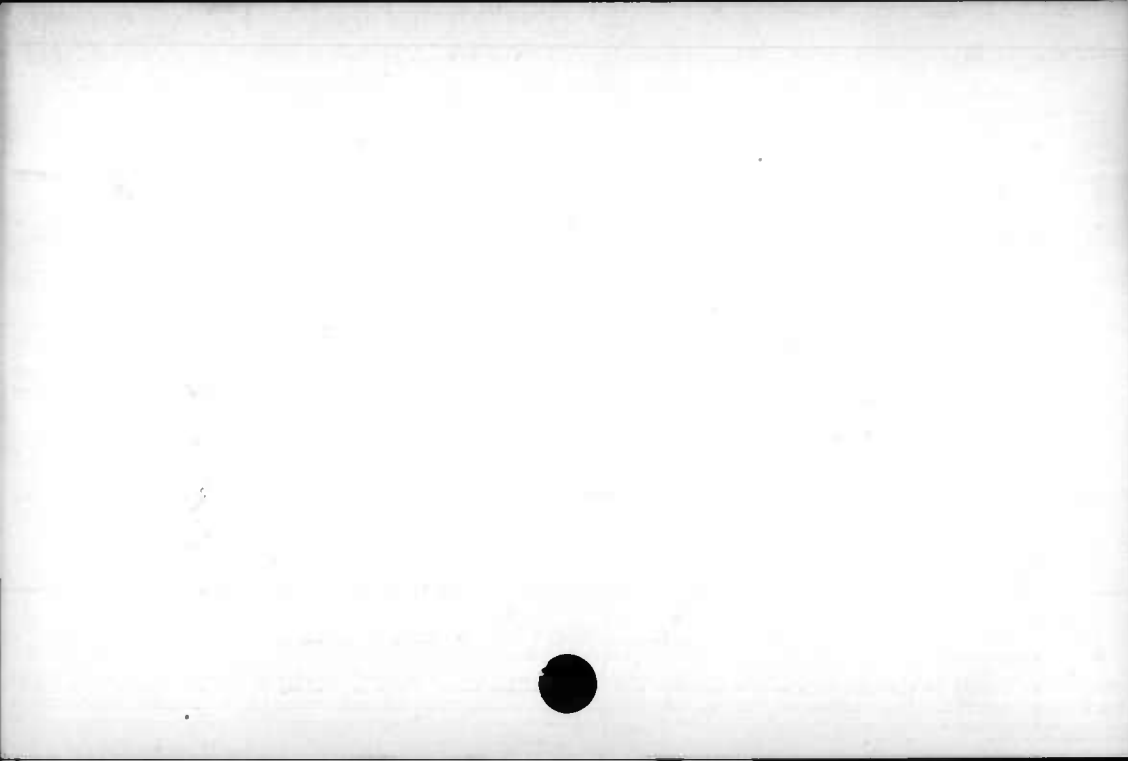
Towson Md.

Accident or Suicide?

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER



Name in Full		Edw Talker				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND	Died at		Hamilton <sup>Town</sup>		Balto <sup>County</sup>		MARYLAND	
	Date of death 190	3	Month	Nov	Day	22	Age	
					Years	48	Months	
							Days	
	Sex	male		Color or Race	white		Birth-place	
							Balto	
	Married, Single or Widowed		married		Occupation		Carpenter	
Name of Wife or Husband								
Father's Name					Michael Talker			
Mother's Maiden Name					Eliza Kriegbaum			
Name of person giving information					How related to deceased			
					Brother			
CAUSES OF DEATH								
PHYSICIAN OR CORONER	Primary				Infl			
					How long			
					2 weeks			
	Immediate				Chronic Bronchitis			
					How long			
				3 or 4 months				
Are the name, age, sex, color, date and place correctly given above?				implied				
				Signature of Physician				
				Edw D Gorce				
				Address				
				Brodenville				
				ind				
Accident or Suicide?								



Name  
in  
Full

George Elbert Warner

## CERTIFICATE OF DEATH

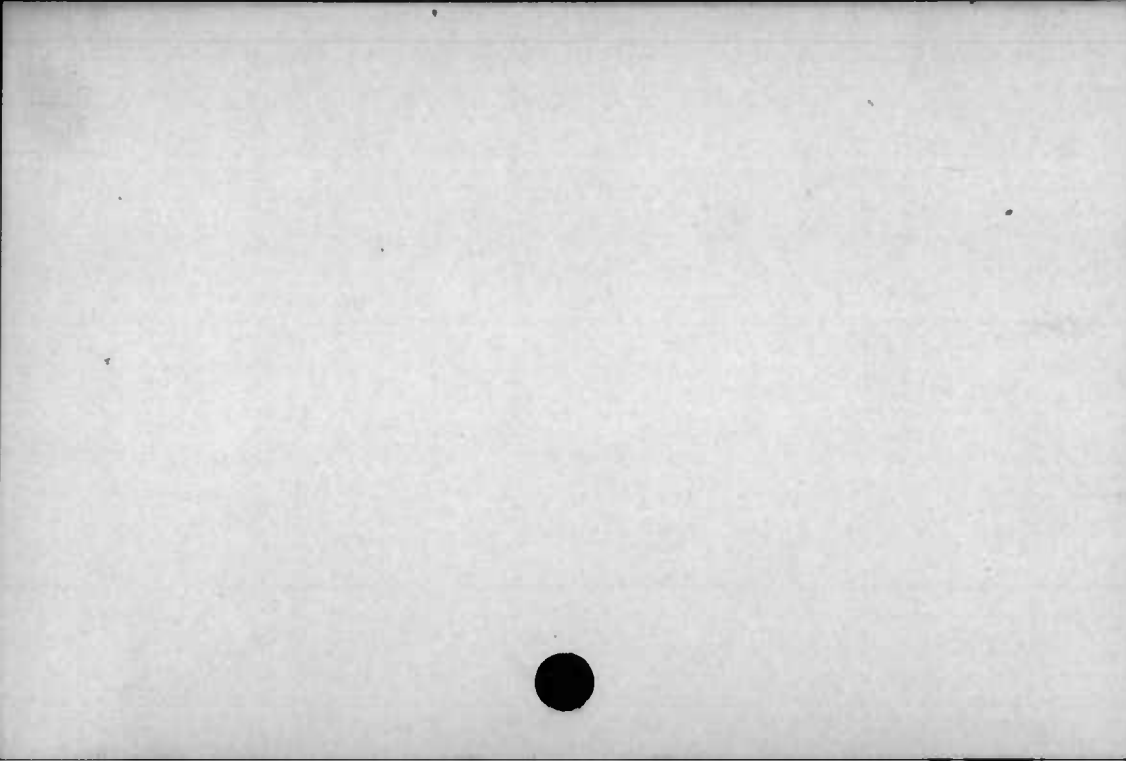
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Thann</i>		County <i>Balto</i>		MARYLAND	
Date of death <i>1903</i>	Month <i>Nov.</i>	Day <i>17</i>	Age <i>73</i>	Months	Days
Sex <i>male</i>		Color or Race <i>White</i>		Birth-place <i>Balto.</i>	
Occupation <i>Minister</i>		Where Residing if not at place of death			
Married, Single or Widowed <i>married</i>	Name of Wife or Husband <i>Rebecca Angelica Warner</i>				
Father's Name <i>Michael Warner</i>	Father's Birthplace				
Mother's Maiden Name <i>Rebecca Angelica Hopewell</i>	Mother's Birthplace <i>St. Mary's county</i>				
Name of person giving information <i>Walter Warner</i>	How related to deceased <i>Son</i>				

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Arterio Sclerosis</i>	How long
Immediate <i>Paralysis</i>	How long <i>2 hours.</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>J. Ross Payne</i>
	Address <i>Corbett</i>
Accident or Suicide?	



Name  
in  
Full

Harry Leo Webster

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town <i>Highland</i>		County <i>Baltimore</i>		MARYLAND	
Date of death 190	3	Month <i>11</i>	Day <i>5</i>	Age <i>1</i>	Years <i>1</i>	Months <i>—</i>	Days <i>27</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth- place <i>Balti-County</i>				
Married, Single or Widowed <i>Single</i>			Occupation <i>None</i>				
Name of Wife or Husband							
Father's Name <i>George Webster</i>				Father's Birthplace <i>Ohio</i>			
Mother's Maiden Name <i>Mary Leary</i>				Mother's Birthplace <i>Ireland</i>			
Name of person giving In formation <i>Mary Webster</i>				How related to deceased <i>Mother</i>			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Acute Meningitis</i>	How long <i>3 days</i>
Immediate <i>Exhaustion</i>	How long <i>24 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Geo. L. Truax M.D.</i>
	Address <i>3rd York</i>
Accident or Suicide? <i>No</i>	

H Pandersto

W. Carnal Am

Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full <i>David Weide</i>		Town <i>St. Agnes'</i>		County <i>Baltimore</i>		State <i>MARYLAND</i>	
Died at <i>St. Agnes' Hospital</i>		Month <i>11</i>		Day <i>13</i>		Years <i>67</i>	
Date of death 190 <i>3</i>		Months		Days			
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Germany</i>			
<del>Married, Single</del> or Widowed		Occupation <i>Gardner</i>					
Name of Wife or Husband <i>Catharine Weide</i>							
Father's Name <i>John David Weide</i>		Father's Birthplace <i>Germany</i>					
Mother's Maiden Name <i>Annie S. Muth</i>		Mother's Birthplace <i>Germany</i>					
Name of person giving Information <i>Mrs. George Lutz</i>		How related to deceased <i>Daughter</i>					

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Valvular lesions.</i>	How long
Immediate <i>Acute Dilatation</i>	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>L. H. Krown M.D.</i>
	Address <i>1938 Linden Ave.</i>
	<i>Baltimore Md.</i>
Accident or Suicide?	

George Schilling  
Undertaker

Name  
in  
Full

## CERTIFICATE OF DEATH

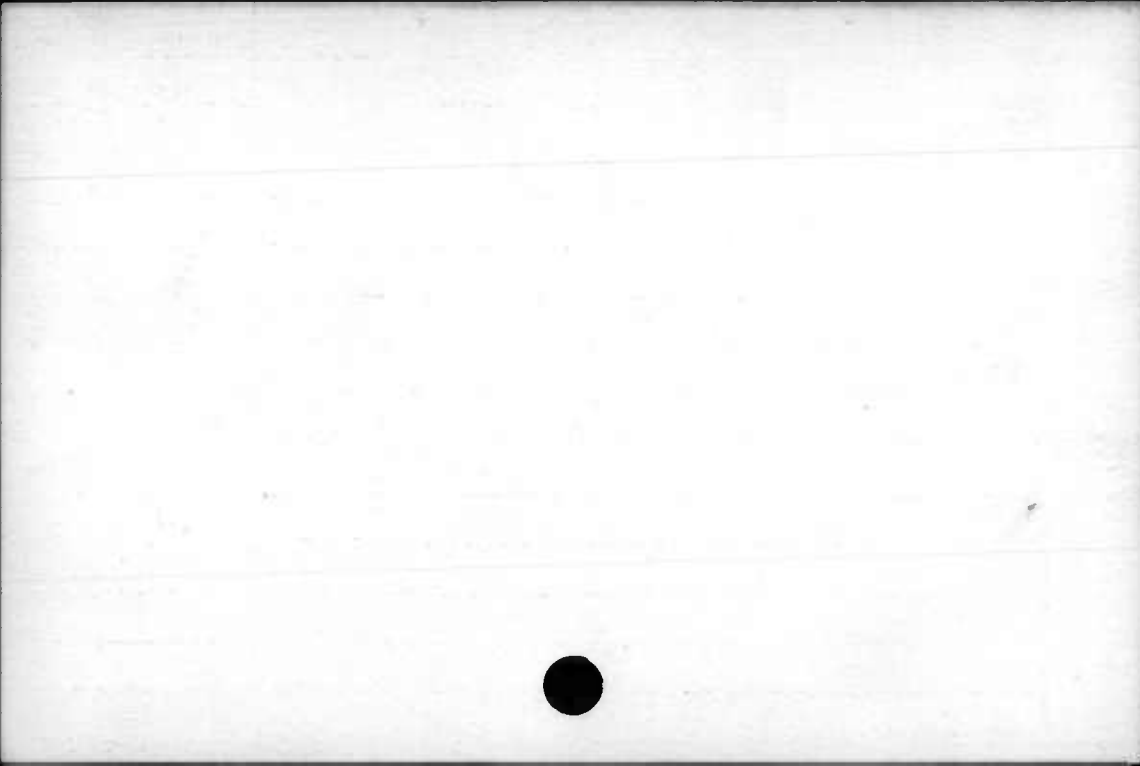
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Highlandtown</i> <sup>Town</sup>		<i>Balto</i> <sup>County</sup>		MARYLAND	
Date of death <i>1904</i>	<i>Nov.</i> <sup>Month</sup>	<i>23</i> <sup>Day</sup>	Age <i>—</i> <sup>Years</sup>	<i>3</i> <sup>Months</sup>	<i>—</i> <sup>Days</sup>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Balto.</i>		
Occupation <i>—</i>			Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>—</i>			
Father's Name <i>August H. Wade</i>			Father's Birthplace <i>Germany.</i>		
Mother's Maiden Name <i>Lillian C. Jones</i>			Mother's Birthplace <i>Balto.</i>		
Name of parson giving information <i>August H. Wade</i>			How related to deceased <i>Father.</i>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Marasmus</i>	<i>151</i>	How long <i>Life</i>
Immediate <i>Yes</i>		How long <i>Life</i>
Are the name, age, sex, color, date and place correctly given above <i>Yes</i>	Signature of Physician <i>H. L. Richards</i>	
	Address <i>910 S. Canton St Baltimore, Md.</i>	
Accident or Suicide? <i>No</i>		



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

John Andrew Weidner		Town		County		MARYLAND	
Died at		Govanston		Baltimore			
Date of death 1903		Month Nov		Day 15		Age 78	
Sex Male		Color or Race white		Birth-place		Germany	
Married, Single or Widowed		Married		Occupation		Veterinary Surg.	
Name of Wife or Husband		Caroline Weidner					
Father's Name		Not known				Father's Birthplace Germany	
Mother's Maiden Name		Not known				Mother's Birthplace Germany	
Name of person giving Information		Frederick Weidner				How related to deceased Son	

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Senility	How long	Six months
Immediate	Cardiac insufficiency	How long	7 days.
Are the name, age, sex, color, date and place correctly given above?		Yes.	
Signature of Physician		H.C. Gless, M.D.	
Address		Sta. H. (Govans)	
Accident or Suicide?		Neither.	
		Baltimore Md.	

Casket 32

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Name  
in  
Full

Infanter White

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town Arlington		County Bald-		MARYLAND	
Date of death 1903	Month Nov	Day 7	Age Years	Months	Days 2		
Sex male	Color or Race White		Birth- place Arlington				
Married, Single or Widowed Single			Occupation none				
Name of Wife or Husband							
Father's Name Geo L White				Father's Birthplace Md <u>al</u>			
Mother's Maiden Name Kellie Rice				Mother's Birthplace Md <u>al</u>			
Name of person giving In formation Mother				How related to deceased —			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Congestion of Lungs		How long	24 days
Immediate			How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician Richard E. Jones		
Yes		Address Arlington		
Accident or Suicide?				

J. H. Kraft  
London Park.

John Whiteford

Town

County

Died at Chestnut Ridge Balli, Co MARYLAND

Date 1903 Nov 7 Age 67 Y. M. D. Native of Balli Co Md Occupation Carpenter

Male White Married Widow Divorced

Female Colored Single Widower Number of children living

Husband of

Wife

Father's Name John Whiteford Mother's Maiden Name 93

Cause of Death { Primary Exposure How long sick 21 days

Immediate pneumonia & fatty degeneration of the heart Accident, Suicide, Homicide

Reported by Dr J E Benson

Address

Locksville Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name  
in  
Full

CERTIFICATE OF DEATH

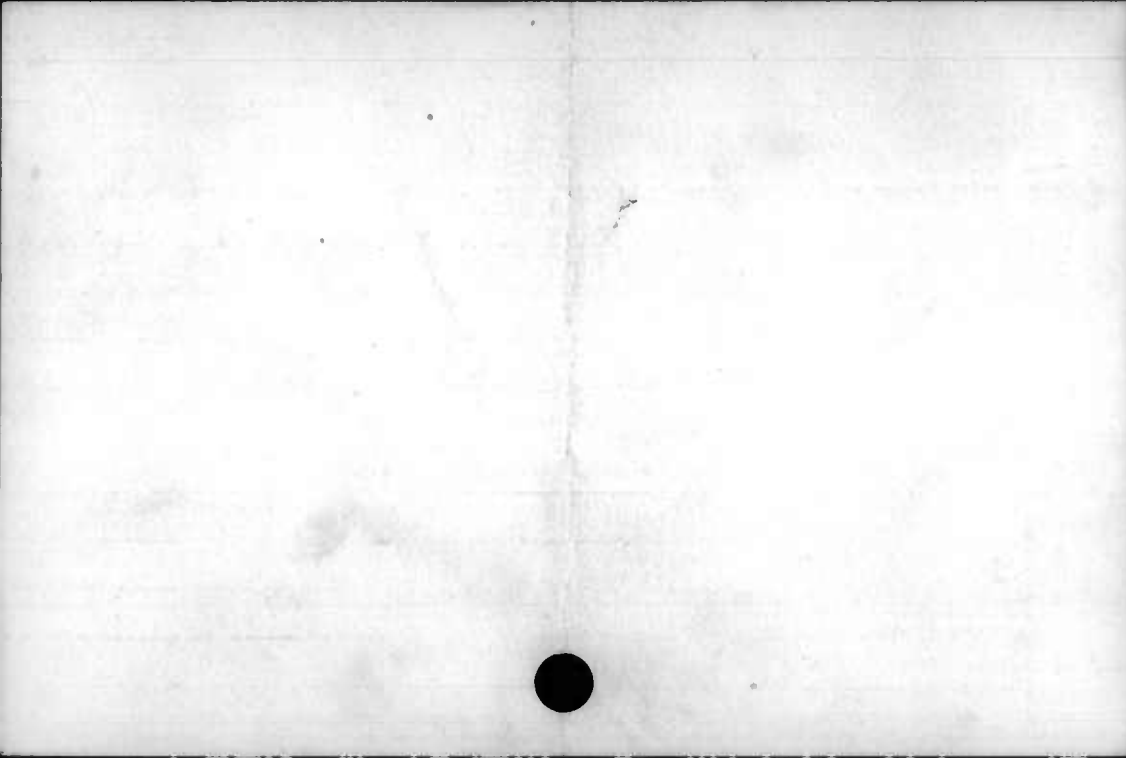
TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Black Rock		Baltimore					
Date	Month	Day	Years	Months	Days		
of death 1903	11	6	Age 10				
Sex	Female	Color or Race	White	Birth-place	Black Rock		
Married, Single or Widowed				Occupation			
Name of Wife or Husband							
Father's Name				Father's Birthplace			
Alabama Michelus				Black Rock			
Mother's Maiden Name				Mother's Birthplace			
Margaret Ellen Jackson				Mt Carmel			
Name of person giving information				How related to deceased			
Margaret Ellen Michelus				Mother			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Diphtheria.	How long	4 or 5 days
Immediate	Suppuration	How long	few minutes
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	A. R. Ritchie
		Address	Wetford Md
Accident or Suicide?			



Name in Full		Francis Theresa Wolf.				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town Canton		County Balto.		MARYLAND
	Date of death 1903	Month Nov.	Day 1st.	Age 5	Years 9	Months 4	Days 4
	Sex Female		Color or Race White		Birth- place Balto Co.		
	Married, Single or Widowed Single			Occupation none			
	Name of Wife or Husband						
	Father's Name Bernard Wolf.				Father's Birthplace Balto.		
	Mother's Maiden Name Theresa Thanner				Mother's Birthplace Germany		
Name of person giving In formation Bernard Wolf.				How related to deceased Father			
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary Scarlet Fever				How long 2 weeks		
	Immediate Staphylococcus				How long 1 week		
	Are the name, age, sex, color, date and place correctly given above? yes				Signature of Physician C. N. Huey		
					Address 2 - Hudson St East		
Accident or Suicide?							

Germanus France  
Sacred Heart Cemetery  
Nov. 2<sup>nd</sup> 1903

Name in Full

Certificate of Death

Henry Ziegert

Town

County

Died at

Highland

MARYLAND

Date 1903 11 20 Age 43.6.6 And Saloonkeeper  
 Male White Married ~~Widow~~ ~~Divorced~~  
 Female ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living none

Husband  
 Wife  
 Father's

of

Ella Ziegert

Mother's

Name

Name

Cause of

Primary

Bright's disease

How long sick

10 weeks

Death

Immediate

Exhaustion

Accident, Suicide, Homicide

Reported by

A. Warner MD

Address

1120 Highland  
av

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 1903

